

<b>Case Number:</b>	CM15-0146777		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33 year old male, who sustained an industrial injury on 2-12-2013. He reported right shoulder pain from grabbing a handrail while going up scaffolding. Diagnoses include status post right shoulder arthroscopy 2013, symptomatic right shoulder full thickness tear, right carpal tunnel syndrome, and right thumb trapeziometacarpal joint synovitis. Treatments to date include activity modification, medication therapy, steroid injection and physical therapy. Currently, he reported improvement in right hand numbness. He reported one remaining therapy visit left. The injured worker is status post right carpal tunnel release on 4-22-15. On 6-22-15, the physical examination documented right hand weakness, able to make a full fist. The plan of care included eight additional occupational therapy sessions for the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Occupational therapy - 8 treatments (right wrist): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The patient presents with pain affecting the right wrist and hand. The current request is for Occupational therapy - 8 treatments. (right wrist). The treating physician report dated 7/1/15 (16B) states, "Continue therapy." The MTUS-PSTG supports post-surgical physical medicine (physical therapy and occupational therapy) 3-8 sessions for carpal tunnel release. The post-surgical treatment period established by the guidelines is 3 months. The medical reports provided indicate the patient is status post right carpal tunnel release on 4/22/15 (12B). The progress reports provided do not document how many sessions of prior OT the patient has received. The UR report dated 7/2/15 (8A) notes that the patient has received 4 sessions of post-surgical OT previously. In this case, the patient has received 4 visits of post-surgical occupational therapy to date and therefore the current request of an additional 8 visits exceeds the recommendation of 3-8 visits as outlined by the MTUS PSTG guidelines on page 15. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the guidelines. The current request is not medically necessary.