

<b>Case Number:</b>	CM15-0148686		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	01/13/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 1-13-2015. Medical records indicate the worker is undergoing treatment for right wrist carpal tunnel syndrome. The most recent progress report dated 6-16-2015, reported the injured worker complained of right hand numbness. Physical examination was not documented on this visit. Nerve conduction study (NCS) showed slowing of the distal median sensory latencies. Treatment to date has included physical therapy and medication management. The injured worker has a previously approved carpal tunnel release and the physician is requesting postoperative occupational therapy x 12 visits. On 7-6-2015, the Utilization Review modified the request for postoperative occupational therapy x 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Occupational Therapy 3 x week x 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the post surgical guidelines, 3-8 sessions of physical therapy is recommended over 3-5 weeks. In this case, there is no indication that physical therapy cannot be completed at home. The amount requested exceeds the guidelines above. As a result, the request for 12 weeks of post-operative occupation therapy is not medically necessary.