

<b>Case Number:</b>	CM15-0075820		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 43-year-old female who sustained an industrial injury on 1/28/14 from repetitive motion at work resulting in numbness, tingling and pain in both wrists and hands. She currently complains of right wrist and right hand pain. Industrial related medications are Nabumetone, cyclobenzaprine, Polar Frost, Tramadol. Diagnoses include right recurrent moderate carpal tunnel syndrome, status post carpal tunnel release, times two with persistent symptoms; left moderate severe carpal tunnel syndrome; possible bilateral cubital tunnel syndrome; right shoulder sprain/ strain. Diagnostics include electromyography/ nerve conduction studies reveal bilateral carpal tunnel syndrome, right and left, moderate to severe. Treatments to date include medications, acupuncture. In the progress note, dated 3/20/15 the treating provider's plan of care includes a request for occupational therapy to bilateral hands and wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy to the bilateral upper extremities, three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** As per MTUS Post-surgical treatment guidelines, carpal tunnel syndrome has poor response to physical or occupational therapy and recommends a trial of up to 5 sessions and a maximum of 8 with documented objective improvement. Request exceeds recommended maximum and patient already has approved 8 physical therapy sessions from 2/2015. 12 occupational therapy sessions is not medically necessary.