

<b>Case Number:</b>	CM15-0079603		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/05/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: Orthopedic Surgery

### 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 41 year old female, who sustained an industrial injury on 4/5/2012. She reported injuries of her bilateral upper extremities as a result of computer usage. Diagnoses have included bilateral carpal tunnel syndrome, lateral and medial epicondylitis of right and left elbows and radial styloid tenosynovitis. Treatment to date has included surgery, occupational therapy and medication. According to the progress report dated 4/2/2015, the injured worker had completed eight sessions of occupational therapy and acknowledged that it helped. She complained of bilateral elbow pain and feeling electrical shocks down her bilateral arms. She reported that right and left wrist pain had improved. Authorization was requested for additional post-op occupational therapy for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post operative occupational therapy 2 times a week for 6 weeks for bilateral wrists:** Upheld

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

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

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records 8 visits of have been performed post-operatively. The request of an additional 12 visits exceeds the recommended amount of visits. There is insufficient evidence from the exam note of 4/2/15 why a home program cannot be initiated. Therefore the request is not medically necessary.