

<b>Case Number:</b>	CM14-0156518		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43 year old female with a work injury dated 10/11/14. The diagnoses include carpal tunnel syndrome; tenosynovitis hand/wrist. The patient underwent an endoscopic right carpal tunnel release on 8/1/12 and an open right carpal tunnel release on 8/19/13. Under consideration are requests for occupational therapy (OT) 3 times 4. The documentation indicates that she has had 48 OT sessions. Per documentation a progress note dated August 11, 2014, states that the patient reports somewhat decreased right hand numbness and tingling since the last visit, but still experiences some pain. She complains of burning pain from the carpal tunnel area radiating up along the volar forearm and upper lateral arm area. On exam, she still has positive Tinel and Phalen signs across the left carpal tunnel. A 12/19/13 progress note states that the patient came in today for a follow-up evaluation. She feels "a little better" in terms of numbness and tingling of the right hand median nerve distribution. The carpal tunnel incision itself is well healed. There is no evidence of infection or compromise. There is no evidence of synovial inflammation or dystrophic skin changes. However, in cold weather, she is experiencing further scar sensitivity. She has completely intact right hand flexors, extensors, and intrinsic function. She no longer suffers from night awakening and dropping objects out of the hand. At this point, she was instructed to continue her current therapy protocol including aggressive scar massaging, desensitization, and strengthening exercises for 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) 3 times 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** OT 3 x 4 is not medically necessary per the MTUS Post-Surgical and Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had 48 OT sessions. An additional 12 sessions of OT would further exceed the guideline recommendations of the MTUS guidelines. The guidelines state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 8 visits within the 3 month post-surgical period. Benefits need to be documented after the first week, and prolonged therapy visits are not supported by the MTUS. The MTUS also states that the patient should be instructed in an independent home exercise program. At this point, the patient should be well versed in a home exercise program and there are no extenuating factors that require her to have 12 more supervised therapy visits. The request is not medically necessary.