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**Notice of Independent Medical Review Determination**

Dated: 10/2/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/16/2013
Date of Injury:	2/4/2013
IMR Application Received:	5/28/2013
MAXIMUS Case Number:	CM13-0000484

- 1) MAXIMUS Federal Services, Inc. has determined the request for Left Carpal Tunnel Release followed by Right Carpal Tunnel Release **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/28/2013 disputing the Utilization Review Denial dated 5/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Left Carpal Tunnel Release followed by Right Carpal Tunnel Release **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent medical doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 16, 2013:

██████████ has a DOI of 02/04/13 and is noted to be a 45 y/o female. The original mechanism is not noted. On 04/19/13 EMG/NCVs noted moderate sensorimotor median neuropathy at both wrists. No denervations noted. On 05/07/13 doctor noted new consult. Several month history of tingling and numbness in both hands. Doctor noted referral after EMG/NCVs. Diagnoses noted. No examination noted on that date. This patient has on 05/08/13 note of diagnosis of carpal tunnel syndrome and note of tenosynovitis and note of doctor recommending proceeding with surgery. No examination noted on that date. Doctor noted positive NCV and note of inability to work.”

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 5/28/13)
- Utilization Review Determination from ██████████ (dated 5/16/13)
- Employee Medical Records from ██████████
- Employee Medical Records from Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Left Carpal Tunnel Release followed by Right Carpal Tunnel Release :**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 11, pgs. 263-265, 270 which is part of the California Medical Treatment Utilization Schedule MTUS and on the Official Disability Guidelines (ODG) - Carpal Tunnel Syndrome Chapter, which is a medical treatment guideline (MTG), that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 2/4/13 as a result of repetitive motion to the bilateral wrists. The medical records provided for review indicate that the employee reports tingling and numbness in both hands and indicates the physical examination of the employee's bilateral wrists noted sensation hypoesthesia in the median nerve distribution, positive Tinel's and positive Phalen's. The request was submitted for left carpal tunnel release followed by right carpal tunnel release.

MTUS/ACOEM guidelines indicate criteria for carpal tunnel release is failure of initial conservative treatment consisting of three of the following: activity modification of greater than one month, night wrist splinting of greater than one month, non-prescription analgesia, home exercise training, and successful initial outcome from corticosteroid injection trial. The medical records provided for review lack documentation evidencing exhaustion of conservative treatment as well as subjective symptomatology which is required per the guidelines. The request for left carpal tunnel release followed by right carpal tunnel release **is not medically necessary or appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.