MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270

MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/19/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	7/26/2013
Date of Injury:	1/17/2008
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010859

DEAR [redacted],

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]
/MCC

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand 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 physician 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.

DOCUMENTS REVIEWED

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

- [redacted]
- [redacted]
- [redacted]
- [redacted]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 44-year-old female who reported an injury on 01/08/2008. The mechanism of injury was not provided in the medical records. Medications currently prescribed to the patient include unspecified anti-inflammatory medications and Omeprazole. Surgical history was not provided in the medical records. Diagnostic studies were not provided in the medical records; however, clinical notes indicate that the patient underwent an MRI of the cervical spine on 05/24/2011 and of the lumbar spine on the same date, as well as follow up MRI of the cervical spine on 01/05/2012, and MRI of the left wrist, right shoulder, and left shoulder on 01/05/2012. Recent physical examination of the patient on 08/30/2013 indicated, in the cervical spine, the patient had constant pain verbalized as 8/10 with tingling and numbness to both extremities, and pain increased by movement, fixed head positions, and with looking up. In the lumbar spine, the patient had constant 5/10 pain increased with bending, lifting, and sitting, and accompanying symptoms of numbness and tingling to the bilateral lower extremities. The patient endorsed pain to the right shoulder and elbow verbalized as 8/10, as well as the left wrist verbalized as 5/10 with pain increased by gripping and grasping as well as movement. The patient had complaints of pain as well to the bilateral knees, indicated as pain due to compensation for the lumbar spine. Objective evaluation of the patient noted, in the left wrist, that there was no bruising, swelling, atrophy, or lesion present at the left wrist. Ranges of motion were noted to be decreased and painful, with extension of 40 degrees, flexion 47 degrees, radial deviation 15 degrees, and ulnar deviation 21 degrees. The patient had 3+ tenderness to palpation of the dorsal wrist and spasm of the forearm, with Tinel's test causing pain and Phalen's test causing pain. Additionally, the clinical notes indicate that treatment history of the patient has consisted of Non-Steroidal Anti-Inflammatory Drugs, bracing of the left wrist, injection therapy, formal physical therapy, chiropractic treatment, and activity modification.

IMR DECISION(S) AND RATIONALE(S)

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

1. Left carpal tunnel release and DeQuervains release is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Occupational Medical Practice Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 270-271, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines support a hand surgery consultation for patients who had red flag findings of a serious nature, fail to respond to conservative treatment including work site modifications, and who have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The documentation submitted for this review indicates that the employee has failed multiple conservative treatment modalities for suspected left-sided carpal tunnel syndrome. Additionally, the employee underwent MRI of the left wrist with flexion and extension views on 01/05/2012, which showed a focal cyst/erosion in the capitate. Furthermore, guidelines would support surgery for De Quervain's syndrome despite the indication that the majority of patients with De Quervain's syndrome have resolution of symptoms with conservative treatment, and that, under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option. However, while there is indication in the notes that the employee has undergone multiple conservative measures for treatment related to suspicion for carpal tunnel syndrome and for De Quervain's syndrome, there remains a lack of documentation of official imaging studies or electrodiagnostic testing which corroborates clinical findings for the employee. **The request for Left carpal tunnel release and DeQuervains release is not medically necessary and appropriate.**

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.

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