

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	11/30/2010
IMR Application Received:	8/16/2013
MAXIMUS Case Number:	CM13-0011058

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right carpal tunnel release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **preoperative clearance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/16/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/24/2013. 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 **right carpal tunnel release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **preoperative clearance 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 Surgeon 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.

Expert Reviewer Case Summary:

The patient is a 73-year-old female who reported a work-related injury on 11/30/2010. The patient presents with diagnoses of osteoarthritis of the left wrist, sprain to the right wrist, and probable bilateral carpal tunnel syndrome. The mechanism of injury is cumulative trauma. The clinical note dated 06/18/2013 reports the patient was seen under the care of Dr. [REDACTED]. The provider documents the patient had undergone previous electrodiagnostic studies, which revealed a mild right median neuropathy at the wrist, affecting mild sensory conduction delay at the carpal tunnel, but otherwise normal. The patient presents with continued bilateral wrist complaints. The patient reports constant pain to the left wrist and intermittent pain to the right wrist. The patient reports numbness and tingling to the entire right upper extremity and wrist and numbness over the right thumb. The patient reports loss of grip strength on the left. The patient sustained a motor vehicle accident in 2003, at which time she reported a cervical spine injury and continues to receive treatment for this injury. Upon physical exam of the patient's right wrist, range of motion was noted to be 60 degrees of dorsiflexion, 60 degrees palmar flexion, 28 degrees adduction, 30 degrees abduction. The provider documented the patient presented with negative Tinel's, negative Phalen's, and sensation was intact. The patient had no thenar or hypothenar present to the right wrist. The provider, however, recommended authorization to perform a right carpal tunnel release.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for right carpal tunnel release:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Medical Treatment Utilization Schedule, and Chronic Pain Medical Treatment Guidelines, ACOEM Guidelines Chapter 11, pg. 270 which is a part of MTUS, as well as ODG-TWC Carpel Tunnel Syndrome Procedure Summary (05/07/2013), which is not a part of MTUS.

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

Rationale for the Decision:

The current request previously received an adverse determination due to a lack of submission of the official report of the electrodiagnostic test and a lack of significant objective findings of symptomatology. The employee presented with no evidence of positive Tinel's or Phalen's testing to the right wrist. The employee had full range of motion about the wrist and sensation was intact. The employee presented with mild carpal tunnel syndrome. The clinical notes provided for review failed to evidence the employee objectively presenting with significant enough impairment to the right wrist to support the requested operative procedure. As California MTUS/ACOEM indicates, "Patients with the mildest symptoms display the poorest post surgery results, patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting." The clinical documentation submitted for review fails to evidence support for the requested operative procedure at this point in the employee's treatment due to lack of submission of the electrodiagnostic study of the right wrist and lack of documentation of significant objective findings of symptomatology. **The request for right carpal tunnel release is not medically necessary and appropriate.**

2) Regarding the request for preoperative clearance:

Since the primary procedure is not medically necessary, none of the associated services are medical necessary.

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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/sce

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.