

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 12/11/2011
IMR Application Received: 8/23/2013
MAXIMUS Case Number: CM13-0015514

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]

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The IMR application shows the injured worker is disputing the 8/8/13 UR decision. The 8/8/13 UR decision is from CID and is a modification letter that denies the right CTR, the TENS unit and modifies Vicodin #240 to #160. The patient is a 41 YO, male who injured his back and right hand when he fell from a tree, about 15 ft. on 12/11/11, sustaining fracture at T12 and his right scaphoid bone.

RECORDS:

9/16/13 AME supplemental, Dr [REDACTED] Neurologic testing from Dr [REDACTED] dated 8/13/13 shows EMG/NCV BUE, with no evidence of CTS, or ulnar neuropathy. No peripheral neuropathy. No radiculopathy.

8/23/13 PR2, Dr. [REDACTED], f/u for right wrist and back. History of prior back injury with old fractures T3-4. Wrist exam no point tenderness or deformity or crepitus. ROM active and passive in normal limits. Good grasp and pinch strength. Motor is 5/5. Sensation to pinprick, light touch intact, 2-point discrimination less than 5-mm throughout all digits. Positive Tinels. Negative Phalens. Recommend right CTR, TENS, Vicodin 7.5/300

6/25/13 AME Reevaluation, [REDACTED], MD, left hand exam was normal today. Right hand CTS is subclinical. I would suggest at least one more EMG/NCV before proceeding with surgery.

2/15/13 Dr. [REDACTED] back and wrist pain. States he is currently using a TENS unit and it helps him. He states the CTR surgery was denied. current meds: cyclobenzaprine, Vicodin, Percocet, cumadin, Biofreeze, butrans patch.

IMR DECISION(S) AND RATIONALE(S)

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

1. Right Carpal Tunnel Release is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines, Chapter 11, page 270, which is part of the MTUS, and the ODG Indications for Surgery, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), page 270, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The patient is reported to have positive Tinel's for CTS. Phalens was negative, no wrist point tenderness, or crepitus, no weakness in grip, pinch or opposition, normal sensation to light touch, pin prick and 2-point discrimination. EMG/NCV 8/13/13 shows no signs of CTS, ulnar neuropathy, peripheral neuropathy or radiculopathy. The 6/25/13 AME noted subclinical CTS on the right and stated that he would recommend seeing if an updated electrodiagnostic is consistent with CTS before proceeding with a CTR. MTUS/ACOEM topics, chapter 11, page 270 for carpal tunnel surgery states "CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." The request for carpal tunnel surgery is not in accordance with MTUS/ACOEM guidelines or the AME.

2. TENS Unit is not medically necessary and appropriate.

The Claims Administrator based its decision on the TENS, Chronic Pain.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 114-121, which are part of the MTUS.

The Physician Reviewer's decision rationale:

There is no rationale provided for the TENS unit. The records show patient already had a TENS unit from Feb. 2013. There is no discussion of a 30-day trial, or functional improvement or goals, or if the prior TENS unit is not functioning, or if it was just a rental. It is not clear how often it was used and whether it "helped". The available reports do not appear to meet the MTUS criteria for TENS.

3. Vicodin 7.5/300mg #240 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 88-89, which are part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS guidelines for opioids states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Unfortunately, in this case, there is

no pain assessment, no mention of improved function, nor is there any comment on an increase in the quality of life. There is no mention whether the Vicodin 7.5mg helps or not, no discussion of whether the Percocet 5mg or 10mg, or Butrans patches have been discontinued or helped. The records did show he was using Vicodin or percocet since 2/15/13, so the MTUS guidelines for long-term users of opioids (6-months or more) would apply. The reporting criteria for long-term use of opioids has not been met and the request cannot be confirmed to be in accordance with MTUS guidelines.

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.

[REDACTED]

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