
Notice of Independent Medical Review Determination

Dated: 8/30/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/16/2013

9/12/2012

7/17/2013

CM13-0001886

- 1) MAXIMUS Federal Services, Inc. has determined the request for an extensor hallucis brevis and extensor pollicis longus tendon transfer **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a neurology consult to evaluate bilateral hand atrophy **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 an extensor hallucis brevis and extensor pollicis longus tendon transfer **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a neurology consult to evaluate bilateral hand atrophy **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 Orthopaedic 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 July 16, 2013.

Clinical Summary:

This 47-year-old female sustained an injury on 9/12/12. The mechanism of injury was not provided. The patient's diagnosis was right carpal tunnel release (CTR), tenosynovitis right thumb flexor tendon sheath, tendon rupture extensor pollicis longus tendon right. Electrodiagnostic studies were requested by [REDACTED] MD on 10/29/12, to evaluate median nerve damage and thenar atrophy. The electrodiagnostic report of 11/5/12 by [REDACTED] MD described bilateral carpal tunnel syndrome, more severe on the right than left. An operative report of 12/21/12 described a right carpal tunnel release, right ulnar nerve decompression (at the wrist) and neurolysis of the right median nerve. An OT (occupational therapy) evaluation on 1/4/13 described pain levels of 4-9/10, with limited active range of motion of the right wrist. The patient was unable to straighten the right thumb or oppose the thumb to the index or other finger due to the flexed position. Dr. [REDACTED] report of 1/28/13, described the patient as 5 1/2 weeks post op with tenderness at the base of the right palm. The patient was otherwise doing well and was status post right carpal tunnel release with a sprain of the thumb. The patient was fitted with a new compression pad gel sleeve and splints. The patient was to work on desensitization, strengthening, and stretching. On 3/4/13, Dr. [REDACTED] noted continued pain at the base of the right thumb with tenderness and 1+ instability. The patient had diminished sensation of the middle and ring fingers. The OT report of 4/29/13 described shoulder pain to the ulnar hand, able to hold a glass of water, but clumsiness and hand pain. Dr. [REDACTED] report of 6/20/13 described a cortisone injection at the prior visit that did help her overall pain level. The main complaint was thumb pain with limited function. The patient had thenar wasting bilaterally, complete loss of IP joint extension and no palpable extensor pollicis longus tendon. There was less tenderness at the insertion of the transverse carpal ligament but significant tenderness along the right thumb flexor tendon sheath. Diagnoses were status post right carpal tunnel release, bilateral muscle atrophy, right arm pain, tendon rupture of the EPL tendon on the right and tenosynovitis of the right thumb flexor tendon sheath. A nerve block to the right thumb then an inn of the right thumb flexor tendon sheath was performed under ultrasound guidance. For the thumb, the patient will require extensor hallucis brevis and extensor pollicis longus tendon transfer. The Dr. would initially like a neurology consult re: the bilateral hand atrophy that was now present.

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
- Utilization Review Determination by [REDACTED] (dated 7/16/13)
- Electrodiagnostic Medicine Report by [REDACTED] (dated 11/5/12)
- Medical Records by Dr. [REDACTED] (dated 10/15/12 to 6/20/13)
- Medical Records by [REDACTED] (dated 9/24/12 to 10/1/12)
- Occupational Therapy Notes by [REDACTED] (dated 1/4/13 to 4/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) – Chapter 11, pages 270-273
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2008 Update) – Chapter 7, pages 503-504

1) Regarding the request for an extensor hallucis brevis and extensor pollicis longus tendon transfer:

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

The Claims Administrator based its decision on the Green's Operative Hand Surgery, 6th Edition (specific page numbers not cited) and Campbell's Operative Orthopaedics, 12th Edition (specific page numbers not cited), which are medical treatment guidelines that are not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. 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 was injured on 9/12/2012. As of 12/21/2012, the medical records received and reviewed indicate the employee has undergone a right carpal tunnel release, right ulnar nerve decompression and neurolysis of the right median nerve. The records indicate that, as of 6/20/2013, the employee had bilateral thenar wasting, complete loss of interphalangeal joint extension, and no palpable extensor pollicis longus tendon. There was less tenderness at the insertion of the transverse carpal ligament, but significant tenderness along the right thumb flexor tendon sheath. A request was submitted for an extensor hallucis brevis and extensor pollicis longus tendon transfer.

The requested treatment is a transfer of the big toe extensor (extensor hallucis brevis) to the thumb tendon (extensor pollicis longus). The medical records submitted and reviewed do not include an indication of the risk involved in the procedure; nor do they include a rationale by the requesting provider to support the request. The documentation submitted does not support the request. The request for an extensor hallucis brevis and extensor pollicis longus tendon transfer is not medically necessary and appropriate.

2) Regarding the request for a neurology consult to evaluate bilateral hand atrophy:

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 of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the issue in dispute. 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 was injured on 9/12/2012. As of 12/21/2012, the medical records received and reviewed indicate the employee has undergone a right carpal tunnel release, right ulnar nerve decompression and neurolysis of the right median nerve. The records indicate that, as of 6/20/2013, the employee had bilateral thenar wasting, complete loss of interphalangeal joint extension, and no palpable extensor pollicis longus tendon. There was less tenderness at the insertion of the transverse carpal ligament, but significant tenderness along the right thumb flexor tendon sheath. Additionally, the records indicate the employee has experienced bilateral hand atrophy. A request was submitted for a neurology consult.

The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. The medical records submitted and reviewed indicate the employee has bilateral carpal tunnel syndrome, and suggest that this presentation is likely the primary cause of the thenar musculature atrophy. There were no neurological findings submitted to suggest another etiology for the bilateral atrophy. The documentation submitted does not support the request. The request for a neurology consult 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.