
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/10/2013

9/13/2012

7/18/2013

CM13-0001912

- 1) MAXIMUS Federal Services, Inc. has determined the request for 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 7/18/2013 disputing the Utilization Review Denial dated 7/10/2013. 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 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 July 10, 2013.

Clinical History:

The patient has reported injuries to the right shoulder and hand sustained during lifting incidents in July and Sept 2012. He was evaluated by different doctors.

Dr. [REDACTED] noted positive median nerve provocative testing(Phalen's test) during his exam on 04/09/13. He provided a corticosteroid injection. The patient reported it made his symptoms worse.

An EMG/NCS done 03/04/13 showed mild right carpal tunnel and mild right cubital tunnel.

Dr. [REDACTED] evaluated the claimant on 05/08/13, and the patient reports constant pain in the right hand as well as loss of grip strength. Tinel's and Phalen's tests were both negative at the wrists, and sensation was intact to light touch and pin prick in both upper extremities. Diagnoses were right cervical strain with right shoulder referral versus internal derangement of right shoulder, and right wrist sprain with no clinical evidence of carpal tunnel syndrome. Treatment has included splinting, work restrictions, medication, and a right wrist injection that worsened his condition.

On 06/05/13, the patient complained of discomfort in the right hand and wrist with numbness and tingling. Dr. [REDACTED] noted that the patient had positive Phalen's sign after 30 seconds, with paresthesias and diminished sensation along the course of the right median nerve, and tenderness of the ulnar nerve at the groove. There is a negative Tinel's test at the elbow. He noted positive nocturnal paresthesia. Right carpal tunnel release was requested as the patient has symptoms persisting over a period of time, clinical findings, and electrodiagnostic findings.

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 from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 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 of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 11, page 270, which is part of the California Medical Treatment Utilization Schedule (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 reported a work-related injury to the right upper extremity on 9/13/2012 as a result of strain. The employee has been diagnosed with mild carpal tunnel, mild right cubital tunnel, right cervical strain, and right shoulder strain. The employee reports constant pain to the right hand associated with numbness and tingling as well as loss of grip strength. The provider recommended the employee undergo a MRI of the cervical spine. Treatment has included splinting, activity modifications, anti-inflammatory medications, an interferential unit, flurbiprofen, cyclobenzaprine, ketoprofen and a right wrist injection. A request was submitted for right carpal tunnel release.

The ACOEM Guidelines indicate that patients with the mildest symptoms display the poorest post-operative results. The ACOEM Guidelines also indicate patients with moderate or severe carpal tunnel syndrome have better outcomes from surgery than splinting, and carpal tunnel syndrome must be proven by positive findings on clinical examination and supported by nerve conduction tests before surgery is undertaken. The medical records submitted and reviewed indicate mild carpal tunnel syndrome, with minimal objective findings of symptomatology upon physical examination. Physical exam notes indicate the employee's right hand/wrist range of motion and motor strength was within normal limits. The employee has paresthesias and diminished sensation along the course of the right medial nerve. The records note some tenderness of the ulnar nerve at the groove, but there was negative Tinel's sign and neurologically, the employee was intact. An MRI of the cervical spine did not indicate objective findings to support the request. The request for right carpal tunnel release is not medically necessary and 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

/sab

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.