

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 10/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	9/17/2007
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003400

- 1) MAXIMUS Federal Services, Inc. has determined the request for visit with Dr. [REDACTED] for surgical release **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 visit with Dr. [REDACTED] for surgical release **is 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 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:

“The documentation submitted reflects that the claimant is a 45-year-old with discomfort in bilateral hands and left elbow. The claimant has a history of left carpal tunnel release. There are clinical deficits on examination including continued tenderness throughout the dorsum and volar aspect of the wrists, continued tenderness about the A1 pulley of the thumb, decreased sensation in the index and thumb bilaterally and positive Tinel's and Phalen's test. Electrodiagnostic evaluation dated 10/13/12 reveals moderate left and mild to moderate right carpal tunnel syndrome. Current request is visit with Dr. [REDACTED] for surgical 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 for Independent Medical Review (received 7/25/13)
- Utilization Review Determination from [REDACTED] (dated 7/10/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for visit with [REDACTED] for surgical 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), 2<sup>nd</sup> Edition, (2004) Chapter 7, Page 127, which is not part of the 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 sustained a work-related injury on 9/17/2007 resulting in discomfort in bilateral hands and left elbow. The request is for visit with Dr. [REDACTED] for surgical release.

ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex or when the plan or course of care may benefit from additional expertise. The purpose of consultation is to aid in the diagnosis, prognosis, therapeutic management and determination of medical stability of the individual. Additionally, the California MTUS Guidelines indicate that if the complaints persist, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The documentation submitted for review indicates that the employee has recurrent complaints involving the left carpal tunnel and current complaints involving the right carpal tunnel. Furthermore, the employee has positive electrodiagnostic testing, and the employee is recalcitrant to medication management. The request for visit with Dr. [REDACTED] for surgical release is **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, 18<sup>th</sup> Floor  
Oakland, CA 94612

/slm

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.