

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

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Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	7/30/2008
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004351

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCS of bilateral upper extremities** is not **medically necessary and appropriate**.

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/7/2013. 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 **NCS of bilateral upper extremities** 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 Occupational Medicine 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:

**CLINICAL SUMMARY:** The patient reported an industrial injury on 7/30/08 attributed to the performance of his job as a maintenance worker. The patient subsequently underwent a right sided CTR with Guyon's tunnel release with TFCC debridement on 9/25/2012. The patient has received twenty (20) sessions of post operative PT and has significantly exceeded the recommendations of the CA MTUS. The current request for an additional 2x6 sessions of PT over six (6) months after the DOS significantly exceeds the CA MTUS recommendations for the number of sessions of PT and the time period for PT for rehabilitation of the wrist s/p CTR and Guyon's Tunnel release along with TFCC debridement. The PT progress notes documented functional improvement s/p right CTR after fourteen (14) sessions of PT. A recent QME reports indicate that the patient would require no future medical care.

### 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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

## 1) Regarding the request for NCS of bilateral upper extremities:

### The Medical Treatment Guidelines 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), and the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition (2004), Evaluation and Management of Common Problems and Functional Recovery in Workers, which is part of the MTUS.

### Rationale for the Decision:

The primary treating physician's diagnoses report that the employee is status post surgery to the right wrist, and that the employee has right cubital tunnel syndrome. Cubital tunnel syndrome is a compression of the ulnar nerve at the cubital tunnel, which is at the elbow. The subjective complaints of some pain and weakness in the right hand with some numbness in the right small finger is consistent with cubital tunnel syndrome, however these symptoms could exist with neurological insult at other locations as well. The physical exam findings reported by the primary treating physician are also in support of cubital tunnel syndrome, however not conclusive. Per the ACOEM Practic Guidelines, 2<sup>nd</sup> edition, Evaluation and Management of Common Problems and Functional Recovery in Workers, ulnar nerve entrapment, including cubital tunnel syndrome, is a non-red flag condition that can be managed by a primary care physician. These guidelines describe symptoms to be paresthesias in the ring and 5<sup>th</sup> digits, generally sparing dorsal surfaces, and pain may or may not be preset. Signs include: 1) paresthesias in the ring and small fingers on 60 second elbow flexion test, 2) subluxation of the ulnar nerve in the condylar groove sometimes present, 3) weakness/atrophy of ulnar hand intrinsics and interosseous muscles (unusual/late), 4) Hoffman-Tinel's test over the condylar groove segment is thought to not be helpful as it is often abnormal in the absence of symptoms. Diagnostic test results include 1) nerve conduction study with above versus below elbow conduction assessment, 2) "inching technique" may be helpful that documents a focal decrement in a specific ulnar nerve location, although it has not been rigorously examined regarding whether it affects outcomes and a problem is most typically either in the condylar groove or the cubital tunnel segments of the nerve, 3) abnormalities on EMG are later findings typical of more advanced cases. Although nerve conduction study of the right upper extremity may be medically necessary in the evaluation of right cubital tunnel syndrome, this review is for the medical necessity of nerve conduction studies of bilateral upper extremity. There is no documentation in support of doing a nerve conduction study of the left upper extremity. **The request for NCS of bilateral upper extremities 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,

Paul Manchester, MD, MPH  
Medical Director

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

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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.