

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/25/2013
Date of Injury: 11/3/2005
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0005989

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 right long finger trigger release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 shoulder sling (through [REDACTED]) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 carpal tunnel brace (through [REDACTED]) is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/25/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/29/2013. 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 **1 right long finger trigger release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 shoulder sling (through [REDACTED]) is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 Carpal Tunnel Brace (through [REDACTED]) 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 Hand 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.

Expert Reviewer Case Summary:

The patient is a 56-year-old female who reported an injury on 11/03/2005. The mechanism of injury was not provided at the time of review. The patient was treated in 2007 and 2008 for carpal tunnel and was educated in appropriate ways to use anti-inflammatories, splinting, and stretching. The patient complained of nightly triggering of the right long finger. It was noted that the patient's symptoms did not respond to cortisone injections, activity restrictions, splinting, taping, and anti-inflammatory medications. The patient's diagnosis included right long finger triggering. The treatment plan included trigger finger 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 of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for 1 right long finger trigger release:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 270-271, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 270-271, which is part of MTUS; and, also used the Official Disability Guidelines (ODG): Forearm, Wrist and Hand Chapter, Percutaneous Release, which is not part of the MTUS.

Rationale for the Decision:

The employee has persistent complaints that have failed to respond to conservative measures. The ACOEM Guidelines indicate that a procedure under local anesthesia may be necessary to permanently correct persistent triggering. However, the clinical documentation submitted for review did not provide any evidence of objective clinical findings to support surgical intervention. **The request for 1 right long finger trigger release is not medically necessary and appropriate.**

2) Regarding the request for 1 shoulder sling (through [REDACTED]):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) page 205, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 271-273, which is part of MTUS.

Rationale for the Decision:

The employee does have persistent complaints of right finger triggering. The ACOEM Guidelines support prolonged post-operative immobilization as an option. However, there are no objective clinical findings in the medical records provided for review to support surgical interventions. **The request for 1 shoulder sling (through [REDACTED]) is not medically necessary and appropriate.**

3) Regarding the request for 1 carpal tunnel brace (through [REDACTED]):

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 264-265, which is part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pages 271-273, which is part of MTUS.

Rationale for the Decision:

The employee does have persistent complaints of triggering of the right long finger. The ACOEM Guidelines support prolonged immobilization post-operatively as an option. However, the clinical documentation submitted for review provides evidence that the employee has already been using immobilization and splinting in an attempt to resolve the employee's symptoms. The necessity for a new carpal tunnel brace is not clearly identified. Additionally, there are no objective findings to support surgical intervention at this time. **The request for 1 Carpal Tunnel Brace (through [REDACTED]) 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, 18th 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.