

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	5/15/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007236

- 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 8/5/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/5/2013. 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.

Expert Reviewer Case Summary:

The patient is a 43-year-old female who reported a work-related injury on 05/15/2008 as a result of strain to the right upper extremity. Subsequently, the patient underwent biceps tendon repair in 10/2008. Electrodiagnostic studies of the left upper extremity dated 10/09/2012, signed by Dr. [REDACTED], revealed (1) evidence of a mild severity left median neuropathy at the wrist consistent with carpal tunnel syndrome. (2) No evidence of cervical radiculopathy, brachial plexopathy, myopathy, or any other mononeuropathies. The clinical note dated 05/108/2013 reports the patient was seen for follow-up under the care of [REDACTED], PA-C for cervical spine pain, as well as bilateral wrist pain. The provider documents the patient reports tenderness into her hands, left greater than right. The patient has reported 8 sessions of physical therapy have been effective for her symptomatology. Bilateral wrist range of motion was noted to be full and pain-free. The clinical notes noted the patient had a prior history of bilateral carpal tunnel releases.

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 right carpal tunnel 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 American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 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), Carpal Tunnel Syndrome, page 270, which is part of the MTUS.

Rationale for the Decision:

The ACOEM guideline indicates, "Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint." The submitted medical records were lacking documentation of the employee's course of treatment specifically for the right upper extremity. The electrodiagnostic study dated 10/09/2012 evidenced evaluation of the left upper extremity and noted that the employee had right carpal tunnel surgery in 11/2011. Given the lack of significant objective findings of symptomatology, electrodiagnostic studies evidencing the employee's recurrence of this diagnosis, as well as a lack in documentation of recent utilization of conservative treatment, the request is not supported. The clinical notes were lacking documentation of the employee's course of treatment specifically for the right upper extremity. The electrodiagnostic study dated 10/09/2012 evidenced evaluation of the left upper extremity and noted that the employee had right carpal tunnel surgery in 11/2011. Given the lack of significant objective findings of symptomatology, electrodiagnostic studies evidencing the employee presents with a recurrence of this diagnosis, and documentation of subjective findings of symptomatology, as well as documentation of recent utilization of conservative treatment, the request is not supported. **The request for a 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,

Paul Manchester, MD, MPH
Medical Director

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

/db

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.