

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/3/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 4/1/2012
IMR Application Received: 8/9/2013
MAXIMUS Case Number: CM13-0009397

- 1) MAXIMUS Federal Services, Inc. has determined the request for **left carpal tunnel release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative clearance is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for six weeks for the left hand/wrist is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/22/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **left carpal tunnel release** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **pre-operative clearance** is not **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **physical therapy two times a week for six weeks for the left hand/wrist** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

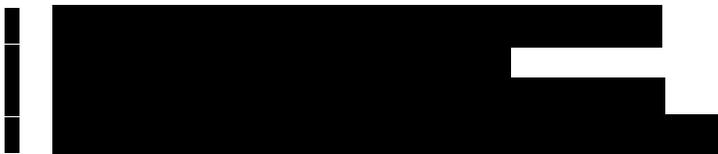
The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Plastic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. He/she has been in active 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:

This female patient was injured on 4/1/2012 and complains of paresthesias, numbness and tingling in the left wrist and hand. Her pain is 7/10. Her pain is constant. Two point discrimination is greater than 6 mm. She does not have thenar atrophy. Nerve conduction testing shows carpal tunnel syndrome on the right but normal left median nerve conduction. Her surgeon recommends carpal tunnel 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:



1) Regarding the request for left 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 ACOEM Forearm/Wrist/Hand Chapter text, page 270, which is part of the MTUS, and the Official Disability Guidelines (ODG), Indications for Carpal Tunnel Release, which is not 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) pg 270, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

According to the ACOEM guidelines, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken." Approximately 15% of patients with carpal tunnel will have normal nerve conduction tests. If clinical suspicion is high for carpal tunnel in spite of a normal nerve test, a steroid injection is indicated.

Symptomatic improvement with a steroid injection confirms the diagnosis of carpal tunnel syndrome and predicts a good response to surgery. The records provided for review indicate this employee had an abnormal nerve conduction test in July 2012, but her more recent nerve conduction test performed on 5/14/13 was normal for the left hand. Although the provider's note dated 7/15/13 indicates that the employee has had a carpal tunnel steroid injection, there is a lack of documentation of a steroid injection in the records provided for review.

The request for left carpal tunnel release is not medically necessary and appropriate.

2) Regarding the request for pre-operative clearance:

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 ACOEM Forearm/Wrist/Hand Chapter text, page 270, 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) pg 270, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3) Regarding the request for physical therapy two times a week for six weeks for the left hand/wrist:

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 ACOEM Forearm/Wrist/Hand Chapter text, page 270, 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) pg 270, which is part of the MTUS. The Expert Reviewer also based his/her decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

Rationale for the Decision:

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

/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.