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**Notice of Independent Medical Review Determination**

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/9/2013

2/19/2013

5/20/2013

CM13-0000424

- 1) MAXIMUS Federal Services, Inc. has determined the request for a left side carpal tunnel release **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 post-op physical therapy sessions for the left side **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 8 post-op physical therapy sessions for the right side **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/20/2013 disputing the Utilization Review Denial dated 5/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. 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 a left side carpal tunnel release **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 8 post-op physical therapy sessions for the left side **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 8 post-op physical therapy sessions for the right side **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 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 9, 2013.

#### BRIEF CLINICAL SUMMARY:

██████████ is a 50 year old female working in data entry, who sustained an industrial injury on 02/19/13. Carpal Tunnel is the accepted body part on this claim. Working full duty.

The report by ██████████ MD on 3/18/13 describes right hand numbness and tingling and left hand tingling. The patient had a 7-year history of these symptoms, progressively worsening. On the right, numbness is to the right middle finger with stiffness and tingling radiates up the arm. On the left there is intermittent tingling affecting primarily the thumb and index finger. She has used braces at night with some relief. She has had some chiropractic treatment with electrical stimulation with temporary improvement. Upper extremity strength was 5/5. Sensation on the right was decreased to light touch in the median nerve distribution. Tinel's sign is positive bilaterally as is compression and Phalen's testing. Nerve testing was recommended. She was issued a more rigid wrist brace for the right.

The patient underwent NCV testing on 4/11/13 with findings consistent with moderate to severe bilateral median neuropathy.

On 4/20/13, Dr. [REDACTED] notes the test results and he recommends surgical decompression as a cortisone injection will likely provide only temporary benefit. Findings are unchanged. A request is submitted for bilateral carpal tunnel release, right side first and O1 postoperatively 2x/week x 4 weeks after each surgery.

### **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
- Utilization Review Determination by [REDACTED] (dated 5/9/13)
- Medical Records by [REDACTED] (dated 3/18/13 to 5/1/13)
- Post-Surgical Treatment Guidelines (2009), pages 1-3, 9
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) Guidelines – Forearm, Wrist, Hand Chapter, pages 265-266, 270-271
- Official Disability Guidelines (ODG) – Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery and Physical Medicine sections

### **1) Regarding the request for a left side carpal tunnel 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) Guidelines, 2<sup>nd</sup> Edition, (2004) – Forearm, Wrist, Hand Chapter, pages 270-271, which are part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Official Disability Guidelines (ODG) – Carpal Tunnel Syndrome Chapter, Carpal Tunnel Release Surgery section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 2/19/2013 and has experienced left hand tingling and right hand numbness and tingling that radiates up the arm. Treatment to date has included hand braces and chiropractic therapy with electrical stimulation. Nerve conduction study testing on 4/11/13 indicated moderate to severe bilateral median neuropathy. A request was submitted for bilateral carpal tunnel release. The Claims Administrator authorized the right side. The issue at dispute is whether the left side carpal tunnel release is medically necessary and appropriate.

ACOEM indicates surgery may be appropriate for patients who have red flags of a serious nature or fail to respond to conservative management. ACOEM also

indicates surgical considerations depend on the confirmed diagnosis of a hand or wrist complaint, and surgical decompression of the medial nerve usually relieves carpal tunnel syndrome symptoms. The employee's medical records received and reviewed support the diagnosis of carpal tunnel syndrome. Clinical findings are noted on both hands and the employee has not responded to conservative treatment. The guideline criteria are met. The request for a left side carpal tunnel release is medically necessary and appropriate.

**2) Regarding the request for 8 post-op physical therapy sessions for the left side:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Guidelines (2004) – Forearm, Wrist, Hand Chapter, pages 265-266 and Post-Surgical Treatment Guidelines (2009), pages 1-3, 9, which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Post-Surgical Treatment Guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/19/2013 and has experienced left hand tingling and right hand numbness and tingling that radiates up the arm. Treatment to date has included hand braces and chiropractic therapy with electrical stimulation. Nerve conduction study testing on 4/11/13 indicated moderate to severe bilateral median neuropathy. A request was submitted for bilateral carpal tunnel release and 8 physical therapy sessions for each side. The Claims Administrator authorized carpal tunnel release for the right side and 5 physical therapy sessions for the right side. The issue at dispute is whether the 8 physical therapy sessions for the left side are medically necessary and appropriate.

A left side carpal tunnel release is medically necessary and appropriate. The Post-Surgical Treatment Guidelines indicate 3 to 8 physical therapy sessions over 3 to 5 weeks are appropriate following surgical treatment for carpal tunnel syndrome. The request for 8 post-op physical therapy sessions for the left side is medically necessary and appropriate.

**3) Regarding the request for 8 post-op physical therapy sessions for the right side:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the ACOEM Guidelines (2004) – Forearm, Wrist, Hand Chapter, pages 265-266 and Post-Surgical Treatment Guidelines (2009), pages 1-3, 9, which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the Post-Surgical Treatment Guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 2/19/2013 and has experienced left hand tingling and right hand numbness and tingling that radiates up the arm. Treatment to date has included hand braces and chiropractic therapy with electrical stimulation. Nerve conduction study testing on 4/11/13 indicated moderate to severe bilateral median neuropathy. A request was submitted for bilateral carpal tunnel release and 8 physical therapy sessions for each side.

A right side carpal tunnel release has already been authorized and performed. The Post-Surgical Treatment Guidelines indicate 3 to 8 physical therapy sessions over 3 to 5 weeks are appropriate following surgical treatment for carpal tunnel syndrome. The request for 8 post-op physical therapy sessions for the right side 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

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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.