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**Notice of Independent Medical Review Determination**

Dated: 8/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	6/4/2013
Date of Injury:	2/6/2013
IMR Application Received:	7/1/2013
MAXIMUS Case Number:	CM13-0000900

- 1) MAXIMUS Federal Services, Inc. has determined the request for release of the right 1st dorsal compartment **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for medical clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for post-operative occupational therapy, three (3) times a week for four (4) weeks **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/1/2013 disputing the Utilization Review Denial dated 6/4/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/2/2013. 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 release of the right 1st dorsal compartment **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for medical clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for post-operative occupational therapy, three (3) times a week for four (4) weeks **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.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 4, 2013.

"Initial consultation report dated 04/30/13 indicates that the claimant is a 54 year old female presented for consultation regarding the need for future medical care. The claimant reports problems in the right wrist. The claimant was diagnosed of DeQuervain's tenosynovitis and received a course of 3 separate injections. The claimant reports bilateral upper extremity pain and numbness in the left hand. Examination shows positive Finkelstein test with reproduction of pain in the first dorsal compartment. There is some tenderness in the lateral epicondyle, very mildly positive Tinel's sign on the right side. On the left side, there is positive Finkelstein test of a lesser degree than on the right side. There is minimal tenderness in the lateral epicondyle but positive Tinel's sign and positive Phalen's test with ongoing paresthetic sensation in the median innervated digits. The provider states that the claimant had multiple injections and extensive conservative treatments. The provider recommends release of the right first dorsal compartment under local anesthesia and EMG and NCV study to help in diagnosis of left wrist. At this time, surgery for the right side is not appropriate."

### **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 by [REDACTED] (dated 6/4/13)
- Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11, Surgical Considerations
- Medical Treatment Utilization Schedule (MTUS), Post surgical Treatment Guidelines

NOTE: Medical Records were not submitted by the Claims Administrator, Provider, or Employee/Legal Representative in a timely manner.

### **1) Regarding the request for release of the right 1st dorsal compartment:**

#### 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), 2<sup>nd</sup> Edition (2004), Forearm, Wrist, and Hand Complaints Chapter 11, Surgical Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 2/6/13. The employee reports problems in the right wrist, and bilateral upper extremity pain and numbness in the left hand. The employee was diagnosed with DeQuervain's tenosynovitis and received a course of 3 separate injections. The employee has had extensive conservative treatments. A request was submitted for release of the right 1st dorsal compartment.

Per ACOEM guidelines, referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both short and long term. Surgical considerations depend on the confirmed diagnosis. It would be medically necessary to determine the cause of the numbness and tingling before proceeding with the requested surgery. There were no medical records submitted for review in this case. The guideline requirements are not met. The request for right first dorsal compartment release is not medically necessary and appropriate.

### **2) Regarding the request for medical clearance:**

#### 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), 2<sup>nd</sup> Edition, (2004), Forearm, Wrist, and Hand Complaints Chapter 11, Surgical Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator do not appropriately address the requested treatment. The Expert Reviewer relied on the Official Disability Guidelines (ODG), Low Back Chapter, preop clearance guidelines, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/6/13. The employee reports problems in the right wrist, and bilateral upper extremity pain and numbness in the left hand. The employee was diagnosed with DeQuervain's tenosynovitis and received a course of 3 separate injections. The employee has had extensive conservative treatments. A request was submitted for medical clearance.

This is a request for medical clearance for release of the right 1st dorsal compartment. There were no medical records submitted to support surgery. The request for medical clearance is not medically necessary and appropriate.

**3) Regarding the request for post-operative occupational therapy, three (3) times a week for four (4) weeks.**

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), 2<sup>nd</sup> Edition, (2004), Forearm, Wrist, and Hand Complaints Chapter 11, Surgical Considerations, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the guidelines used by the Claims Administrator do not appropriately address the requested treatment. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines, Physical Therapy section, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 2/6/13. The employee reports problems in the right wrist, and bilateral upper extremity pain and numbness in the left hand. The employee was diagnosed with DeQuervain's tenosynovitis and received a course of 3 separate injections. The employee has had extensive conservative treatments. A request was submitted for post-operative occupational therapy, three (3) times a week for four (4) weeks.

This is a request for post-operative occupational therapy. There were no medical records submitted to support surgery. The request for post-operative occupational therapy, three (3) times a week for four (4) weeks 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;

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.



