

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	9/6/2006
IMR Application Received:	8/13/2013
MAXIMUS Case Number:	CM13-0010321

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one left carpal tunnel release with ulnar nerve decompression at the wrist is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/13/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/17/2013. 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 **one left carpal tunnel release with ulnar nerve decompression at the wrist** 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 Occupational Medicine 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:

All medical, insurance, and administrative records provided were reviewed in their entirety.

SUMMARY OF RECORDS: The applicant is a [REDACTED] employee who has a filed a claim for trigger thumb, hypertension, diabetes, and gastropathy reportedly associated with cumulative trauma at work.

Thus far, he has been treated with the following: Analgesic medications; transfer of care to and from various providers and various specialties; prior right first dorsal compartment release surgery; electrodiagnostic testing of November 21, 2012, notable for median nerve slowing and ulnar nerve slowing; prior right carpal tunnel release surgery; thumb corticosteroid injection; and reported return to regular work.

It is incidentally noted that the November 21, 2012, electrodiagnostic testing suggested there is a moderately involved left carpal tunnel syndrome.

In a utilization review report of July 16, 2013, the claims administrator denied a request for carpal tunnel release surgery.

In a July 9, 2013, progress note, it is stated that the applicant is still having pain and numbness about the left hand despite working regular duty. The applicant also reports severe right thumb pain and exhibited positive Tinel's and Phalen's sign on the left with an equivocal Tinel's and Phalen's sign on the right. Recommendations are made for the applicant to pursue left carpal tunnel release surgery. The applicant continues to work regular duty.

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 one left carpal tunnel release with ulnar nerve decompression at the wrist:

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Chapter Guidelines, Chapter 11 (Forearm, Wrist and Hand Complaints) (2004), pg 265, 270, which is a 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), Surgical Considerations, Carpal Tunnel Syndrome, pg 270, which is a part of the MTUS and the Acta Chir Orthop Traumatol Cech. 2012; 79(3):243-8.[The results of ulnar nerve decompression in Guyon's canal syndrome]. [Article in Czech] Kaiser R, Houšťava L, Brzezny R, Haninec P., Orthop Clin North Am. 2012 Oct;43(4):467-74. doi: 10.1016/j.ocl.2012.07.016, Ulnar tunnel syndrome. Bachoura A, Jacoby SM. Source The Philadelphia Hand Center, Philadelphia, PA 19107, USA., South Med J. 1998 May;91(5):451-6. Ulnar nerve entrapment at the wrist: cases from a hand surgery practice. Netscher DT, Cohen V. Source Division of Plastic Surgery, Baylor College of Medicine, Houston, Tex, USA., And Ulnar Neuropathy With Normal Ulnar Neuropathy with Normal Electrodiagnosis and Abnormal Nerve Ultrasound Joon Shik Yoon, MD, PhD, Francis O. Walker, MD, and Michael S. Cartwright, MD, which are not part of the MTUS.

Rationale for the Decision:

As noted in the MTUS-adopted ACOEM Guidelines in chapter 11, surgical decompression in the median nerve usually relieves carpal tunnel syndrome symptoms. The medical records reviewed indicate the employee has electrodiagnostically confirmed clinically evident carpal tunnel syndrome that has proven recalcitrant to conservative measures, including time, medications, etc. Pursuing carpal tunnel release surgery as indicated in this context. The MTUS does not specifically address the topic of an ulnar nerve decompression release surgery. Research evidence indicates symptoms of Guyon's canal syndrome can be easily treated by surgery. This is echoed by the ulnar tunnel syndrome article, which also suggests that surgical exploration of the ulnar tunnel with subsequent ulnar nerve decompression is often indicated in individuals who prove recalcitrant to conservative treatment. In this case, the employee is also described by the attending provider as having numbness, tingling, and paresthesias in an ulnar nerve distribution about the injured wrist. Research evidence suggest that sooner an ulnar nerve decompression surgery is performed, the better the outcome.

The ulnar nerve entrapment article cited below suggest that some cases of ulnar nerve entrapment may only be evident with surgical exploration and are not necessarily identifiable via electrodiagnostic testing. Therefore, on balance, it appears that performing the ulnar nerve decompression surgery at the same time as the carpal tunnel release surgery is indicated, given the employee's diffuse neuropathic complaints pertaining to the wrist. It is further noted that the Archives of Physical Medicine and Rehabilitation article suggests that ulnar neuropathy at the wrist is often associated with false negative electrodiagnostic testing results. Therefore, on balance, it appears that the employee has some clinical evidence of ulnar nerve entrapment at the wrist coupled with clinical and electrodiagnostic evidence of carpal tunnel syndrome that has proven recalcitrant to conservative treatment. Obtaining surgical decompression of both sites appears to be indicated. **The request for one left carpal tunnel release with ulnar nerve decompression at the wrist 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,

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.