

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/5/2013
Date of Injury:	9/12/2012
IMR Application Received:	8/14/2013
MAXIMUS Case Number:	CM13-0010961

- 1) MAXIMUS Federal Services, Inc. has determined the request for **arthroscopy of the L elbow, carpal tunnel release L wrist, synovectomy, repair of L thumb tendons is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/14/2013 disputing the Utilization Review Denial dated 8/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/1/2013. 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 **arthroscopy of the L elbow, carpal tunnel release L wrist, synovectomy, repair of L thumb tendons** 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:

This claimant is a 51-year-old male with a reported date of injury of 09/12/2012. He reported being a passenger in a big rig truck when he was involved in a motor vehicle accident. Diagnoses include elbow pain, carpal tunnel syndrome, and disruption of the distal insertion of the ulnar collateral ligament. On 09/21/2012, he was seen in clinic for left wrist and hand pain, left elbow pain, left shoulder pain, neck pain, and low back pain. He had full range of motion of his left elbow with mild pain and had decreased range of motion secondary to pain about his left wrist. He had decreased range of motion of the thumb secondary to pain. Neurologically, he was intact. X-rays of the left wrist demonstrated no fractures. He was seen in physical therapy on 09/26/2012 and 10/05/2012. MRIs of the left hand and thumb were obtained, revealing extensive soft tissue induration about the 1st metacarpophalangeal joint with disruption of the distal insertion of the ulnar collateral ligament without an obvious Stener lesion.

Electrodiagnostic studies were performed of the upper extremities, showing findings consistent with a left C5 radiculopathy. MRI of the left elbow revealed humeral, ulnar, and radial capitellar joint effusions, and no other significant findings were noted on that exam. On last clinical exam, he still complained of pain to the left elbow and left wrist. Left hand and wrist examination revealed he had difficulty sleeping and was awakened with pain and discomfort. He had tenderness about the lateral aspect of the left elbow and at the ulnar humeral joint, and there was tenderness over the volar surface of the left wrist, the extensor carpi radialis longus and brevis, and the extensor pollicis longus. The records indicate no Phalen's test, no hyperabduction test, and no Adson tests were documented, and there was positive Tinel's sign at the left wrist. Plan at this time is to request arthroscopy of the left elbow, multiple tendolysis of the left elbow, carpal tunnel release of the left wrist, partial synovectomy of the left wrist, repair of the tendons of the left thumb, and multiple tendolysis. These were to be performed at 1 sitting.

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 arthroscopy of the L elbow, carpal tunnel release L wrist, synovectomy, repair of L thumb tendons:

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 (American College of Environmental and Occupational Medicine) Guidelines, Chapter 10 (Elbow Complaints), pg 34-35, and Chapter 11 (Forearm, Wrist & Hand Complaints), (2004), pg 270, which is a part of the MTUS and on the Official Disability Guidelines (ODG), Elbow (Acute & Chronic) and Forearm Wrist & Hand Chapter (Acute & Chronic), which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), Surgical Considerations, pg. 34-35, and the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Surgical Considerations, pg. 270-271, which are a part of the MTUS.

Rationale for the Decision:

The request includes arthroscopy of the left elbow, carpal tunnel release, left wrist, left wrist synovectomy, and repair of left thumb tendons. A review of the records indicates that the MRI of the left elbow only demonstrates joint effusions and no other significant findings are noted. The MRI of the left hand and wrist does reveal disruption of the distal insertion of the ulnar collateral ligament without obvious Stener lesion. There is no electrodiagnostic evidence of carpal tunnel syndrome, as the EMG and nerve conduction study demonstrated a C5 radiculopathy. The electrodiagnostic study does not confirm carpal tunnel syndrome. On exam, the employee has a positive Tinel's, but Phalen's test is negative. MTUS/ACOEM, Elbow Chapter indicates that, for a surgical intervention to be considered reasonable, there should be failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The records indicate that there are no significant lesions on the MRI of the elbow, and the records indicate that the employee has had some physical therapy, but physical therapy appears to have been discontinued approximately at the end of 10/2012. Furthermore, the last clinical note is dated 06/19/2013, and there is lack of documentation of an updated clinical note indicating the current findings on exam to support the request for a left elbow arthroscopy. There does not appear to be clear clinical or electrophysiologic

evidence or imaging evidence of a lesion that would have been shown to benefit in both the short and long term to warrant left elbow arthroscopy. The request includes a request for left carpal tunnel release. MTUS/ACOEM, Forearm, Wrist and Hand Chapter indicates that there should be documentation of clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention, and failure to respond to conservative management, including work site modifications. Specifically for carpal tunnel syndrome, MTUS/ACOEM indicates that individuals with milder symptoms display the poorest postsurgical results. The records indicate this employee only had a positive Tinel's sign, but did not have a positive Phalen's sign on his clinical examination. There is, as previously stated, documentation of conservative care in the form of physical therapy, but that appears to have been discontinued approximately at the end of 10/2012. Therefore, rationale for a carpal tunnel release has not been documented. The MRI of the left hand and thumb does not reveal extensive synovitis to support a synovectomy. MTUS/ACOEM, as previously stated, indicates that there should be clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention, and, lacking documentation of significant synovitis, a request for a synovectomy is not supported. There is documentation that the employee had a disruption of the distal insertion of the ulnar collateral ligament, but there is lack of documentation of current clinical findings. The last clinical note dated 06/19/2013 does indicate the employee is tender over the volar surface of the left wrist extensor carpi radialis longus and brevis and the extensor pollicis longus, but, as stated previously, a current clinical exam was not provided for this review. **The request for arthroscopy of the left elbow, carpal tunnel release left wrist, synovectomy, and repair of left thumb tendons 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

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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.