

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 4/2/2012
IMR Application Received: 8/14/2013
MAXIMUS Case Number: CM13-0011031

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Medicine and Rehabilitation, and is licensed to practice in California, Ohio and Pennsylvania. 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/02/2012. The patient's diagnosis is carpal tunnel syndrome, which was treated initially conservatively and subsequently with a carpal tunnel release on 11/29/2012.

A physician review notes as of the time of the followup with her physician in June 2013, the patient was 6-1/2 months postoperative and there were no subjective or objective symptoms documented. That note indicates that the medical records did not discuss the medical necessity for a single point cane.

A PR-2 report of 08/16/2013 contained limited information but appears to outline the diagnosis of status post a right carpal tunnel release as well as right de Quervain tenosynovitis. That form requests a right wrist thumb spica splint. Physical examination at that time also discussed a normal gait. A durable medical equipment form of 06/05/2013 signed by a physician assistant for the treating physician requests a cane but does not report a primary or secondary diagnosis.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Decision for Durable medical equipment single point cane to be purchased, right wrist is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chapter 4.5. Divisions of Workers' Compensation Subchapter 1. The CA MTUS, Forearm, Wrist and Hand, and ACOEM Guidelines, 2nd Edition (2004), Chapter November, which is part of the MTUS.

The Physician Reviewer based his/her decision on ACOEM Guidelines, Chapter 11 Wrist, page 264, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The ACOEM Guidelines, Chapter 11 Wrist, page 264, recommends, "limitation of inflamed structures with wrist and thumb splint for de Quervain syndrome." The clinical treating notes suggest that this employee was prescribed such upper extremity splint for de Quervain tenosynovitis. The treatment notes do not provide an indication or rationale for use of a straight cane for the right wrist. Rather, the records outline ongoing pain in the right wrist as well as normal gait, which is contradictory to a gait aid held in the right hand.

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.

[REDACTED]
[REDACTED]
[REDACTED]

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