

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]

Dated: 12/27/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/29/2013
Date of Injury: 8/14/2007
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0011701

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 Orthopedic Surgeon has a subspecialty in Hand Surgery and is licensed to practice in California, Georgia, and Texas. 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 patient is a 60-year-old female who reported an injury on 08/14/2007 due to attempting to remove material that was stuck in a machine when the machine was turned on. The patient sustained a crush injury to the right hand. The patient underwent right wrist/hand surgery in 02/2012 followed by physical therapy with revision in 08/2012, followed by post-operative physical therapy. The patient was diagnosed with carpal tunnel syndrome in 02/2013 secondary to diagnostic injection. The patient's electrodiagnostic testing in 02/2013 revealed evidence of moderate right carpal tunnel syndrome. The patient's treatments included activity modification, bracing, physical therapy, injections, surgical intervention and medications. The patient had numbness to the tips of her fingers on the right hand and pain to the dorsal aspect of the right wrist radiating into the thumb and forearm. Physical findings included tenderness to palpation approximately along the area of the 1st dorsal compartment and the forearm. The patient also had a positive Tinel's sign over the carpal tunnel. The patient's diagnoses included status post right carpal tunnel syndrome release with residual neurological symptoms. Re-release of the carpal tunnel with a synthetic nerve wrap for an AxoGuard followed by postsurgical occupational therapy was recommended.

IMR DECISION(S) AND RATIONALE(S)

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

1. Placement of AxoGuard synthetic nerve protector is not medically necessary and appropriate.

The Claims Administrator based its decision on the Aetna Clinical Policy Bulletin, Wound Care, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Axoguard Product Description: <http://www.axogeninc.com/docs/Axoguard%20Nerve%20Protector%20IFU.pdf>, which is not part of the MTUS.

The Physician Reviewer's decision rationale: The AxoGuard nerve protector product description states that "the AxoGuard nerve protector is intended for the repair of peripheral nerve discontinuities where gap closure can be achieved by flexion of the extremity. The device is supplied sterol and is intended for single use." The medical records provided for review reflects that the employee has complaints of numbness in the hand and a positive Tinel's sign in the wrist. This is supported by an electrodiagnostic study that indicates the employee has moderate carpal tunnel syndrome and a positive response to a diagnostic injection. The clinical documentation submitted for review does not provide evidence that there is a gap in the nerve distribution. The employee's clinical presentation does not support severe carpal tunnel syndrome. Additionally, there is minimal peer reviewed scientific based files to support the efficacy of this treatment. **The request for placement of AxoGuard synthetic nerve protector is not medically necessary or appropriate.**

2. Post operative occupational therapy, three times a week for four weeks is not medically necessary and appropriate.

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Post-Surgical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale: California Medical Treatment Utilization Schedule recommends 3 to 8 visits of postsurgical treatment for carpal tunnel syndrome. The medical records provided for review indicates that the employee has numbness and tingling of the right hand with a positive Tinel's sign over the carpal tunnel, a treatment plan include surgical intervention, and has has previously undergone this procedure which was also followed by postsurgical occupational therapy. There are no exceptional factors noted within the documentation to support extension of treatment beyond guideline recommendations. **The request for post operative occupational therapy, three times a week for four weeks is not medically necessary and appropriate.**

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[REDACTED]

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