

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	10/5/2012
IMR Application Received:	8/15/2013
MAXIMUS Case Number:	CM13-0011929

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 1 left carpal tunnel release is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/15/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/25/2013. 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 **1 left carpal tunnel release 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 Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in 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 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:**

The employee is a 47-year-old female who reported an injury on 10/05/2012. A clinical note dated 06/07/2013 signed by Dr. [REDACTED] reported the employee had been started on Neurontin and Halcion. She continued to have severe left arm pain mostly in the elbow region. On physical exam, she had left "epaulette" decreased sensation, a positive Phalen's for 30 seconds, and a positive Tinel's at the medial epicondyle on the left. An electrodiagnostic study dated 06/19/2013 performed by Dr. [REDACTED] reported mild bilateral median nerve compression at the carpal tunnels affecting only the sensory components without evidence of axon loss or neuropathic changes in the distal thenar musculature, chronic neuropathic changes in the thenar musculature of both hands more prominent on the right with evidence of chronic denervation/reinnervation in this musculature, and these chronic findings suggested the above –noted median nerve compression at the wrists was previously much more severe and involved motor axons. A clinical note dated 07/19/2013 reported the employee demonstrated bilateral median nerve compression on electrodiagnostic studies and had carpal tunnel syndrome affecting only the sensory component. On physical exam, she was noted to have a grossly positive Phalen's in less than 15 seconds and her other upper extremity motor and sensory exams were grossly intact.

### **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 Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

### **1) Regarding the request for 1 left carpal tunnel release:**

#### 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, Chapter 11, page 265, which is part of the MTUS, and ODG, Indications for Surgery, Carpal Tunnel Release, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11), pages 270-271, which is part of the MTUS.

#### Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that a surgical decompression of the median nerve is recommended when proved by positive findings on clinical exam and the diagnosis is supported by nerve conduction studies. According to the medical records provided for review, the employee is noted to have a positive Phalen's test and a positive electrodiagnostic study, there is no documentation of any neurological deficits of the bilateral upper extremities including numbness and tingling of the fingers or nocturnal pain or a positive flick sign. In addition, there is no documentation that the employee has been treated conservatively with splinting or injections. **The request for 1 left carpal tunnel release 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, 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.