

---

## Independent Medical Review Final Determination Letter

[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/25/2013  
Date of Injury: 1/9/2012  
IMR Application Received: 8/20/2013  
MAXIMUS Case Number: CM13-0014325

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: OVERTURN. This means we decided that all 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 Surgery and Hand Surgery, 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 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:

A 36-year-old female injured 01/09/2012. Recent clinical assessment of 09/30/2013. The claimant was evaluated by [REDACTED] MD, for complaints of hand numbness and tingling to the middle and index fingers on the right at night with associated weakness and "dropping things." Physical examination, showed positive bilateral balance testing to the left and right wrist with sensory loss in the median nerve distribution of both hands. Working diagnosis was bilateral carpal tunnel syndrome with secondary diagnosis of shoulder impingement, abdominal pain, and stress. Treating physician indicates that previous therapies for the claimant's bilateral carpal tunnel have included bracing, physical therapy, previous injections, medication management, and work restrictions. There is documentation of previous prior positive electrodiagnostic studies demonstrating mild bilateral carpal tunnel syndrome bilaterally. Surgical process in the form of a staged procedure was recommended.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Staged bilateral carpal tunnel release (CTR) is medically necessary and appropriate.**

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, pg 270, which is a part of the MTUS and the Official Disability Guidelines (ODG), carpal tunnel, which is not a part of the MTUS.

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

The Physician Reviewer's decision rationale:

Based on California MTUS Guidelines in regards to carpal tunnel syndrome, surgical process would be supported. Guidelines indicate the role of carpal tunnel relief procedures based on positive electrodiagnostic findings and symptoms that correlate to clinical examination. A review of the records indicates that the employee has been treated for over a year in this case with various forms of measures including therapy injections, bracing, and activity restrictions. Electrodiagnostic studies are positive. Surgical procedure in a staged fashion would appear to be medically necessary. **The request for a Staged bilateral carpal tunnel release (CTR) is medically necessary and appropriate.**

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]

CM13-0014325