

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/8/2013  
Date of Injury: 7/28/2007  
IMR Application Received: 8/22/2013  
MAXIMUS Case Number: CM13-0015651

- 1) MAXIMUS Federal Services, Inc. has determined the request for **post op physical therapy 2 times per week for 6 weeks is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Error! Reference source not found. **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/22/2013 disputing the Utilization Review Denial dated 8/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. 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 **post op physical therapy 2 times per week for 6 weeks 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:**

The patient is a 43-year-old injured on 07/28/07. The specific mechanism of injury is unclear. The patient at present is noted to be with a diagnosis of bilateral carpal tunnel syndrome, which was confirmed by electrodiagnostic studies of 07/23/12 specific to the right wrist and is noted to be with failed conservative care, for which surgical intervention in the form of a right carpal tunnel release procedure was recommended. Prior utilization review dated 08/08/13 indicated approval for right carpal tunnel release procedure, a preoperative history and physical examination, preoperative assessment in the form of CBC blood work, as well as a modified approval of four initial sessions of physical therapy. It denied eight additional sessions of therapy that were recommended for a total of 12 sessions as well as a custom splint to be placed during surgical process. Records do not indicate that the patient's surgical process has yet occurred. The diagnosis of right carpal tunnel syndrome has clearly been established from the patient's physical examination findings and previous electrodiagnostic testing. There is an appeal for the request of 12 sessions of formal physical therapy as well as a custom splint to be placed at the time of surgical intervention in this case.

### **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 post op physical therapy 2 times per week for 6 weeks:**

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 Postsurgical Treatment Guidelines, Carpel Tunner Syndrome chapter, which is a part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, 2009, Postsurgical Treatment Guidelines, page 15 – 16, which is a part of the MTUS.

Rationale for the Decision:

Based on California MTUS Postsurgical Rehabilitative Guidelines, 12 sessions of physical therapy following a right carpal tunnel release procedure would not be supported. California Guidelines would only recommend the role of up to three to eight sessions of physical therapy in the postoperative setting. A review of the records indicates that from the prior peer review, the initial one half role of therapy would necessitate the four initial sessions of therapy in the postoperative course. The request for 12 sessions would exclude clinical guidelines and cannot be indicated at present. **The request for post op physical therapy 2 times per week for 6 weeks is not medically necessary or appropriate.**

**2) Regarding the request for custom splint placed during surgery:**

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 Official Disability Guidelines (ODG), Carpel Tunnel Syndrome chapter, which is not a part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Carpal Tunnel Procedures chapter, which is not a part of the MTUS.

Rationale for the Decision:

California ACOEM and MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the custom splint to be placed at the time of operative intervention would not be supported. While immobilization with splinting following carpal tunnel release procedure is warranted, it is only done so for a short interval and duration. A review of the records indicates that there would be nothing indicating why off the counter splint versus a custom splint would not be more preferred given the nature of the procedure in question. **The request for custom splint placed during surgery is not medically necessary or 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.