
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/31/2013

IMR Case Number:	CM13-0017411	Date of Injury:	01/27/2010
Claims Number:	[REDACTED]	UR Denial Date:	08/12/2013
Priority:	STANDARD	Application Received:	08/28/2013
Employee Name:	[REDACTED]		
Provider Name:	DR. [REDACTED]		

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]
[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 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 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 45 year old female who sustained an injury to the left upper extremity on January 27, 2010. The records for review include August 5, 2013 progress report with Dr. [REDACTED] stating the chief complaint of cervical pain for which the MRI cervical spine showed a left sided disc bulge at C5-6. The physical examination findings were not given. The previous assessment July 15, 2013 with Dr. [REDACTED] gave the diagnosis of cervical disc herniation with radiculitis and did not document a physical examination. It is stated that the patient was with neck, shoulder, and arm pain. Dr. [REDACTED] recommended the role of carpal tunnel release procedure for the bilateral wrists in a staged fashion, right followed by the left. Reviewed were prior electrodiagnostic study reports May 17, 2010 that were abnormal with mild bilateral sensory changes about the carpal tunnel and electrodiagnostic evidence of a chronic left C7 radiculopathy. The last physical examination specific to the patient's upper extremities was from May 13, 2013 where there was noted to be positive Tinel's and Phalen's testing bilaterally and diminished cervical range of motion and motor weakness about the left upper extremity at the elbow, shoulder and wrist. At present there is a request for surgical intervention in the form of a carpal tunnel release procedure with the need for postoperative heat/cold therapy device and post operative wrist sling.

IMR DECISION(S) AND RATIONALE(S)

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

1. The left wrist carpal tunnel release surgery is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints Chapter, page 265, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Guidelines, the carpal tunnel release procedure is not supported. The guidelines recommend the role of carpal tunnel release if symptoms are supported by physical examination with clinical corroboration with nerve conduction tests that confirm the diagnosis. The request would not be supported as there appears to be clear documentation in the records provided for review of an underlying radicular process from the cervical spine with positive electrodiagnostic studies, MRI scan and physical examination that showed muscle weakness to the left upper extremity compared to the right. The clinical records which are consistent with a cervical radicular process would fail to necessitate an acute need for a carpal tunnel release in this clinical setting. **The request for a left carpal tunnel release procedure is not medically necessary and appropriate.**

2. A postoperative motorized hot/cold device is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3. A postoperative wrist sling is not medically necessary and appropriate.

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

/dso

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]

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