

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

8/16/2013

1/6/2012

8/29/2013

CM13-0018023

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right carpal tunnel release is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **flexor tenosynovectomy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **short arm splint is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post operative physical therapy (PT) two times per week for four weeks for the right wrist is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/29/2013 disputing the Utilization Review Denial dated 8/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **right carpal tunnel release is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **flexor tenosynovectomy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **short arm splint is medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **post operative physical therapy (PT) two times per week for four weeks for the right wrist is 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 53-year-old female injured on 01/06/12.

Initial clinical report in this case is from 10/15/12. The specific mechanism of injury is not documented. At that time, the claimant was with chief complaints of neck pain, bilateral wrist pain, sleep disturbance, and depression. Physical examination findings demonstrated the right upper extremity to be positive Phalen's and Tinel's testing at the wrist, full wrist range of motion and strength. Sensory examination and motor examination was not otherwise with positive finding. Reviewed at that date was an MRI of the cervical spine from 05/11/12 that showed moderate disc space narrowing at C5-6 and a paracentral disc osteophyte complex at C6-7. It indicates that previous electrodiagnostic studies to the bilateral upper extremities were performed on 03/19/13 and revealed moderately severe bilateral carpal tunnel syndrome. Treatment recommendation at that time was for a left carpal tunnel release procedure with a partial flexor tenosynovectomy and application of a short arm volar splint. Medications were also recommended in the form of ibuprofen, Norco, and Nizatidine. Cervical epidural steroid injection was also recommended.

The claimant's last clinical assessment for review is from 10/19/13 where she was with chief complaints of neck pain, right and left wrist pain, sleep disturbance, and anxiety.

Specific to the right upper extremity, there was noted to be forearm pain, hand pain, numbness, and tingling dated back to January of 2012. It states that the claimant has recently undergone psychiatric care. Past surgical history at that date indicated that left carpal tunnel release with partial flexor tenosynovectomy occurred on 12/18/12. The current physical examination findings to the right wrist showed a positive Phalen's and Tinel's testing, full range of motion and no other significant findings. Working diagnosis to the right upper extremity was that of moderately severe carpal tunnel syndrome. The plan at that time was for surgical intervention in the form of a right carpal tunnel release, flexor tenosynovectomy, application of a postoperative short arm splint, and eight sessions of formal physical therapy for the right wrist. Surgical request was previously denied on 08/16/13 citing lack of documentation of conservative care and functional limitations.

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 right 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 http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm, 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, 2nd Edition (2004), Chapter 11) pg 265, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of carpal tunnel syndrome (CTS) is made by history, physical examination, and possibly electrodiagnostic studies. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. The medical records provided for review indicate that the employee had moderately severe findings on electrodiagnostic studies with concordant findings on physical examination. **The request for right carpal tunnel release is medically necessary and appropriate.**

2) Regarding the request for flexor tenosynovectomy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

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

Rationale for the Decision:

The MTUS/ACOEM Guidelines indicate that surgery may be an option for treating DeQuervain's tendinitis under unusual circumstances of persistent pain at the wrist and limitation of function; however, the flexor tenosynovectomy procedure would not be indicated. While the employee meets clinical criteria for a carpal tunnel release procedure; however, the medical records provided for review do not show findings that are supportive of a diagnosis of flexor tenosynovectomy. **The request for flexor tenosynovectomy is not medically necessary and appropriate.**

3) Regarding the request for short arm splint:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

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, Treatment in Worker's Compensation, 18th Edition, 2013 Updates: Carpal tunnel procedure.

Rationale for the Decision:

The Official Disability Guidelines recommend splinting of the wrist in neutral position at night & day as needed, as an option in conservative treatment. The medical records provided for review indicate that the employee was to undergo a right carpal tunnel release procedure. The postoperative use of a short arm splint for immobilization, wound healing benefit, and pain control appears adequate at the present time. **The request for short arm splint is medically necessary and appropriate.**

4) Regarding the request for post operative physical therapy (PT) two times per week for four weeks for the right wrist:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

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

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, which is part of the MTUS.

Rationale for the Decision:

The Postsurgical Treatment Guidelines indicate that postsurgical treatment (endoscopic and open) for carpal tunnel syndrome is 3-8 visits over 3-5 weeks. The medical records provided for review indicate that the employee was to undergo a right carpal tunnel release procedure, in which eight sessions of therapy would meet guideline criteria. **The request for post operative physical therapy (PT) two times per week for four weeks for the right wrist is 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, 18th 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.