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## Independent Medical Review Final Determination Letter

914

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

Dated: 12/27/2013

<b>IMR Case Number:</b>	CM13-0018060	<b>Date of Injury:</b>	08/05/2011
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL			

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 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]
- [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:

This is a 46-year-old gentleman who was injured in a work-related accident August 5, 2011. The clinical records for review include an August 30, 2013 progress report by Dr. [REDACTED] describing complaints of pain about the wrist with numbness and tingling to the left hand. It states the claimant obtained electrodiagnostic studies in April of 2013 performed by Dr. [REDACTED] that showed positive median nerve compression at the left wrist. Physical examination showed a positive Tinel sign over the median nerve with subjective numbness in a median nerve distribution. The claimant was with a healed scar from previous open reduction internal fixation of distal radius fracture. The claimant's diagnosis was that of refractory carpal tunnel syndrome with no benefit despite conservative management. Surgical release of the carpal tunnel was recommended. The last assessment for review is a handwritten PR-2 report from September 10, 2013 showing positive hand numbness with positive Tinel sign on evaluation. Surgery was recommended for continued diagnosis of left carpal tunnel syndrome.

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

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

**1. Neuroplasty and/or Transposition; Median nerve at carpal tunnel is medically necessary and appropriate.**

The Claims Administrator based its decision on ACOEM 2004 guidelines, Forearm, Wrist and Hand Complaints, Surgical Considerations, which is part of the MTUS.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11, page 265.

The Physician Reviewer's decision rationale:

Based on California MTUS ACOEM guidelines, surgical release of the carpal tunnel would appear warranted. Guidelines state that "CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken". In this case the claimant is with refractory carpal tunnel syndrome despite conservative care with positive physical examination findings and positive electrodiagnostic studies supporting the diagnosis of carpal tunnel syndrome. The role of surgical release would appear to be medically necessary based on clinical records for review.

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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