
Notice of Independent Medical Review Determination

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/5/2013
Date of Injury: 11/1/2011
IMR Application Received: 7/15/2013
MAXIMUS Case Number: CM13-0001569

- 1) MAXIMUS Federal Services, Inc. has determined the request for left ulnar nerve release at the elbow **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. 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 Left ulnar nerve release at the elbow **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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013:

“CLINICAL SUMMARY: This male complains of numbness of the left hand affecting the ring and small fingers. He has weakness of abduction. Nerve conduction testing shows ulnar nerve compression. Ulnar nerve release is planned. The exam on 06/20/13 showed good strength when assessing median nerve function. He does have weakness in the left hand when spreading the fingers apart, especially when checking abductor digiti minimi muscle function. The patient had a previous carpal tunnel release. All available medical documentation was reviewed.”

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 for Independent Medical Review (received 7/15/13)
- Utilization Review Determination (dated 7/5/13)
- Employee medical records from [REDACTED] MD (dated 9/17/12-6/17/13)
- Employee medical records from [REDACTED] MD (dated 1/7/13-6/24/13)
- Employee medical records from [REDACTED] MD (dated 6/20/13)
- Employee medical records from [REDACTED] (ated 1/11/13)
- Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10), pg. 240-244

1) Regarding the request for left ulnar nerve release at the elbow :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition, (Revised 2007) Chapter 10) pg. 36-38, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2nd Edition, (Revised 2007) Chapter 10) pg. 36-38, which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 11/1/2011 with symptoms of numbness and tingling in both hands. The medical records provided for review indicate a diagnosis of status post bilateral carpal tunnel release and left ulnar neuropathy. Treatments have included diagnostic studies, splinting, physical therapy, surgery, and medication management. The request is for left ulnar nerve release at the elbow.

The MTUS ACOEM Guidelines indicate the need for surgical intervention once conservative treatment has failed. The medical records provided for review indicate that there is muscular weakness in the left hand, and the utilization review determination dated July 5, 2013 indicates there was a telephone discussion documented by the peer review physician indicating that the employee could not tolerate the conservative treatment of splinting. The request for left ulnar nerve release at the elbow **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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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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.