

**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: **12/12/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	10/28/2008
IMR Application Received:	7/22/2013
MAXIMUS Case Number:	CM13-0002290

- 1) MAXIMUS Federal Services, Inc. has determined the request for **one right endoscopic carpal tunnel release is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **12 post-operative physical therapy sessions is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 **one right endoscopic carpal tunnel release** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **12 post-operative physical therapy sessions** 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 Orthopaedic 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.

### Clinical Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated 7/12/2013.

“The patient is a 44 year old male with a date of injury of 10/28/2008. The provider has submitted prospective requests for one right endoscopic carpal tunnel release and 12 post-operative physical therapy sessions.”

### 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 one right endoscopic 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 American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Forearm, Wrist and Hand Complaints, Chapter 11, pg. 270, which is part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Forearm, Wrist and Hand Complaints, Chapter 11, pg. 270, which is part of the MTUS.

Rationale for the Decision:

The employee reported a work-related injury on 10/28/2008. The mechanism of injury was crush to the left hand as a result of the injury. Electrodiagnostic studies dated 07/12/2011 of the bilateral upper extremities reported the employee continued to present with chronic pain to the left upper extremity and associated numbness to the left hand and all the digits of the left hand. The provider documented the study revealed electrophysiological evidence for median neuropathy at both the right and left wrist, mild as evidenced by sensory slowing in asymmetrical comparison studies across the wrist. There was no electrophysiologic evidence for motor or sensory polyneuropathy, ulnar neuropathy at the elbow, brachial plexopathy, or cervical radiculopathy. The provider documented a request for surgical interventions to the left carpal tunnel. The provider documents the employee has a history of left carpal tunnel release as of 03/06/2012. The provider reported the employee recently had reported complaints of numbness and pain to the right hand for the past 2 weeks. Upon physical exam of the employee's right wrist, positive Phalen's and Tinel's sign was noted; tenderness was present at the carpal tunnel. The provider recommended shortly after that the employee undergo a right carpal tunnel release due to the employee's subjective complaints of pain when pressure was applied to the palm of the right hand. However, the requested operative interventions were denied multiple times due to lack of documentation submitted evidencing exhaustion of conservative care for a diagnosis of mild carpal tunnel syndrome. The provider documented on clinical note dated 06/03/2013 that the employee had decreased sensation on the 3 radial fingers of the hand, no tenderness to palpation of the wrist. The provider documented that "conservative treatment for this employee was a complete waste of time, money, resources, etcetera." Guidelines indicate there must be evidence of activity modification, night wrist splinting, non-prescription analgesia, pre-existing interventions and successful initial outcome from a corticosteroid injection trial. The clinical notes lack evidence of exhaustion of conservative treatment for the employee's recent onset of right wrist symptomatology. **The request for one right endoscopic carpal tunnel release is not medically necessary and appropriate.**

**2) Regarding the request for 12 post-operative physical therapy sessions:**

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