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**Notice of Independent Medical Review Determination**

Dated: 10/17/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	12/17/2010
IMR Application Received:	7/25/2013
MAXIMUS Case Number:	CM13-0003445

- 1) MAXIMUS Federal Services, Inc. has determined the request for a wrist endoscopy with release of transverse carpal ligament **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 a wrist endoscopy with release of transverse carpal ligament 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 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 16, 2013:

From Peer Review Report REQUEST: Endoscopy versus open CTR (Carpal Tunnel Release) right wrist is non-certified per peer review. SUMMARY OF TREATMENT/CASE HISTORY: The patient is a 45-year-old male who sustained a work-related injury on 12/17/10 due to slip and fall. Electrodiagnostic studies/nerve conduction studies for the right upper extremity performed on 03/04/13 showed the following: entrapment neuropathy of the median nerve at the right wrist with mild slowing of nerve conduction velocity. (carpal tunnel syndrome); mild entrapment neuropathy of the ulnar nerve at the right wrist mainly affecting sensory fibers (guyon canal syndrome); no electrophysiological evidence of entrapment neuropathy on the right radial nerve and no electrophysiological evidence to support motor radiculopathy in the right upper extremity. In a progress report by Dr. [REDACTED] dated 05/17/13, the patient was re-evaluated for his right hand. It was noted that the symptoms were better at present after he started the wrist brace at nighttime which was recommended a month ago. Physical examination of the right hand revealed intact sensation to light touch in the median nerve distribution and negative Tinel's sign of the carpal tunnel. The patient was diagnosed with improved carpal tunnel syndrome status post four to six weeks of wrist bracing, right wrist, and was recommended for possible carpal tunnel release and continued follow-up to Dr. [REDACTED]. In a follow up visit note by Dr. [REDACTED] dated 06/28/13, the patient presented with some shooting pain at the wrist then into his forearm and continued numbness in the thumb, index and middle fingers of the right hand. It was noted that the patient was re-evaluated for his right carpal tunnel syndrome. Physical examination of the right hand revealed decreased sensation to light touch in the median nerve distribution, tenderness at the carpal tunnel and positive Phalen's and Durkan's tests.

### 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 dated 7/25/2013
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

**1) Regarding the request for a wrist endoscopy with release of transverse carpal ligament:**

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

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Surgery for Carpal Tunnel Syndrome section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, 2004, Forearm, Wrist, and Hand Chapter, Surgical Considerations section, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 12/17/2010. On 2/8/2013, the employee complained of neck and low back pain. The employee reported taking Neurontin 600 mg 3 times a day. The employee had previously undergone a cervical epidural steroid injection, which provided 75% to 80% pain relief for over four months. Upon exam, deep tendon reflexes were mildly diminished along the biceps and triceps tendons. On 3/4/2013, electrodiagnostic testing revealed entrapment neuropathy of the median nerve at the right wrist with mild slowing of nerve conduction velocity, indicative of carpal tunnel syndrome, and mild entrapment neuropathy of the ulnar nerve at the wrist, indicative of Guyon canal syndrome. On 5/17/2013, his symptoms were better after using a wrist brace at nighttime for one month. Sensation was intact to light touch in the median nerve distribution, and he had a negative Tinel's at the carpal tunnel. On 6/28/2013, the employee's complaints included shooting pain at the wrist into the forearm, and continued numbness in the thumb, index, and middle fingers of the right hand. The employee had decreased sensation to light touch in the median nerve distribution on the right hand and tenderness was noted at the carpal tunnel, as well as having a positive Phalen's and a positive Durkan's test. A request was submitted for a wrist endoscopy with release of transverse carpal ligament.

The ACOEM guidelines indicate there should be failure to respond to conservative management, including work site modifications, and there should be clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term from surgical intervention. The guidelines also indicate that patients with milder symptoms display the poorest post-surgery results. The medical records provided for review did not document the exhaustion of appropriate conservative treatment, only noting the employee had used a wrist brace for about one month. Further, the records fail to indicate attempts at any other significant conservative care, such as a carpal tunnel injection. The request for a wrist endoscopy with release of transverse carpal ligament **is not 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.