

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	11/15/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005021

- 1) MAXIMUS Federal Services, Inc. has determined the request for surgery for right anterior transposition of ulnar nerve at the elbow **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for preoperative ergonomic evaluation and clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for preoperative lab work **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for continued postoperative physical therapy three (3) times a week for four (4) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 surgery for right anterior transposition of ulnar nerve at the elbow **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for preoperative ergonomic evaluation and clearance **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for preoperative lab work **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for continued postoperative physical therapy three (3) times a week for four (4) weeks **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.

Expert Reviewer Case Summary:

The patient is a 62-year-old male who reported a work-related injury on 11/15/2009, as a result of strain to the lumbar spine. The clinical notes evidence the patient presents for the following diagnoses, postlaminectomy pain syndrome, status post lumbar laminectomy at the L3-4, L4-5, status post lumbar fusion at the L3-4 as of 02/23/2011, bilateral multilevel lumbosacral radiculopathies, and sensory and motor peripheral polyneuropathies to the bilateral lower extremities with the most recent operative procedure performed on 10/24/2012 indicative of a complete L2 to L5 fusion. The clinical notes evidence the patient utilizes hydrocodone/APAP 10/325 mg 1 by mouth every 4 hours, Valium 10 mg 1 tab by mouth every 8 hours, baclofen 10 mg 1 tab in the A.M. and 1 tab in the P.M., Lyrica 150 mg twice a day, Cymbalta 30 mg 1 tab twice a day, Celebrex 200 mg 1 tab by mouth twice a day, and Vesicare 5 mg 1 by mouth daily. The clinical note dated 06/24/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient was last seen in April. The provider documents the patient reports he is doing a little better. The patient has been utilizing pool therapy and reports this is helping. The patient reports he is ambulating. The provider documents the patient has left knee pain complaints in addition to his lumbar spine postoperative recovery. The patient reported he would be evaluated by a

different provider for a different condition. The provider documented the patient reports 50% numbness to the right ring finger and is essentially completely numb in the right small finger. The patient reported his right finger numbness has improved a little; however, the small finger has not improved. The patient also notes numbness in the small finger on the left. The patient reported some dull aching throughout. The patient utilizes a cane for support during ambulation. The patient reports current complaints to his lumbar spine, numbness in the bilateral hands and the lower extremities. Upon physical exam of the patient, the provider documented the patient's sensation was diminished in the bilateral lower extremities with motor strength at 5/5 throughout with the exception of 4+/5 to the right anterior tibialis as well as the gastrocsoleus and EHL. Motor strength was 4/5 to the left anterior tibialis, EHL and gastrocsoleus. The provider documents range of motion of the lumbar spine was at 10 degrees, forward flexion at 55 degrees and lateral flexion at 10 degrees in either direction. The patient reported diminished sensation in the ulnar half of the ring finger and the small finger and both hands, right worse than left. The patient reports the right ring finger is about 50% normal and the left is about 75% normal. The provider documents the patient's progress has been slow and the patient could expect a year long recovery process. The provider documented a recommendation for the patient to continue with physical therapy postoperatively.

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 (received 7/31/13)
- Utilization Review Determination from [REDACTED] (dated 7/23/13)
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for surgery for right anterior transposition of ulnar nerve at the elbow:

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), 2nd Edition, (2004), which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on ACOEM, Chapter 10, pages 239-240, Online Edition, which is part of the MTUS.

Rationale for the Decision:

California MTUS ACOEM Guidelines indicate specific criteria prior to the requested surgical intervention including clear clinical and electrophysiological, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure to improve with exercise programs to increase range of motion and strength of the musculature around the elbow. The clinical notes provided and reviewed lack evidence of conservative treatment prior to the requested operative procedure. In addition, the clinical notes lack evidence of the employee having utilized any conservative treatment for right

ulnar neuropathy. **The request for surgery for right anterior transposition of ulnar nerve at the elbow is not medically necessary or appropriate.**

2) Regarding the request for preoperative ergonomic evaluation and clearance:

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

3) Regarding the request for preoperative lab work:

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

4) Regarding the request for continued postoperative physical therapy three (3) times a week for four (4) weeks:

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

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.