

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/26/2013
Date of Injury:	1/16/2013
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0008289

- 1) MAXIMUS Federal Services, Inc. has determined the request for **EKG clearance & labs is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **8 occupational therapy sessions post-op is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/26/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. 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 **EKG clearance & labs is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **8 occupational therapy sessions post-op 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 Preventive Medicine and Occupational Medicine, 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:

All medical, insurance, and administrative records provided were reviewed.

The applicant, Ms. [REDACTED] is a represented [REDACTED] who has filed a claim for bilateral elbow and bilateral wrist pain reportedly associated with cumulative trauma at work between the dates of May 28, 1984 through January 16, 2013.

Thus far, she has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; electrodiagnostic testing of March 22, 2013, apparently notable for bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome; MRIs of the bilateral elbows of April 2, 2013, apparently notable for bilateral epicondylitis; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 28, 2013, carpal tunnel release surgery proposed by the attending provider was certified. Four sessions of occupational therapy were partially certified and EKG clearance and labs were conditionally non-certified. The applicant's attorney subsequently appealed.

On June 19, 2013, the applicant was given a diagnosis of right carpal tunnel syndrome and asked to pursue a carpal tunnel release surgery while remaining off of work, on total temporary disability in the interim.

### **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 Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for EKG clearance & labs :**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence based criterias.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Other Medical Treatment Guideline or Medical Evidence: <http://emedicine.medscape.com/article/285191-overview#aw2aab6b3>, Preoperative Testing, as well as American College of Cardiology (ACC)/American Heart Association (AHA) (2007) Guidelines

##### Rationale for the Decision:

AHA indicate that routine EKG is not recommended in asymptomatic patients without any clinical risks factors who are about to undergo a low risk surgery. Those individuals with at least one risk factor and/or morbid obesity should obtain preoperative EKG testing. Similarly, Medscape notes that the presence of severe leukopenia or leukocytosis on laboratory testing is extremely rare and rarely leads to a change in patient management. The medical records submitted for review do not indicate the employee is morbidly obese, has hypertension, diabetes, or any other risk factor for heart disease. Furthermore, the records do not document that employee has a history of anemia, leukopenia, leukocytosis or any other disease that would warrant preoperative testing. No full medical history was documented or detailed on any progress note provided for review.

**The request for EKG clearance & labs is not medically necessary and appropriate.**

#### **2) Regarding the request for 8 occupational therapy sessions post-op :**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not base its decision on any evidence based criterias.

The Expert Reviewer based his/her decision on the Postsurgical Treatment Guidelines, which is a part of MTUS.

Rationale for the Decision:

The postsurgical treatment guidelines in MTUS 9792.24.3 endorse a general course of three to eight sessions of treatment for carpal tunnel syndrome and further suggests, in MTUS 9792.24.3.a.2, an initial postoperative course of one half the general course. Thus, the 8 occupational therapy sessions would be in excess of guideline criteria. **The request for eight sessions of postoperative therapy 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,

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

*lcc*

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.