

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/16/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/21/2013

1/29/2013

5/31/2013

CM13-0000535

- 1) MAXIMUS Federal Services, Inc. has determined the request for right wrist arthroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for evaluation with specialist for possible fracture of radius and ulna **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/31/2013 disputing the Utilization Review Denial dated 5/21/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. 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 right wrist arthroscopy **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for evaluation with specialist for possible fracture of radius and ulna **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 May 21, 2013:

“This is a 57 year old male with a 1/29/2013 date of injury. Mechanism of injury involved falling of a ladder. 4/11/13 medical report identifies that the patient has discomfort and pain in the right wrist. Examination revealed no gross right wrist abnormalities. Medical record identifies an unspecified fracture of the radius and ulna. Right wrist x-ray 1/30/2013 identified a transverse linear line of sclerosis extending across the distal metaphysis. Cannot exclude an impaction injury in this location. While the medical record identifies that there is an unspecified fracture of the radius and ulna, radiographs from 3/8/13 revealed no evidence of fracture or dislocation. Right wrist MRI (3/1/13) report revealed evidence of ulnar impaction injury with a tear of central portion of the triangular fibrocartilage, mild subchondral edema and chondral thinning involving the proximal ulnar aspect of the lunate, tear of the scaphoid attachment of the dorsal aspect of the membranous portion of the scapholunate ligament, 5mm ganglion cyst dorsal to the scapholunate ligament, tendinosis and volar subluxation of the extensor carpal ulnaris tendon from the ulnar groove. 5/13/13 medical report identifies that the patient has multiple tears of the ligaments of the right wrist. Diagnostic impression includes wrist strain.”

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 5/31/2013)
- Utilization Review Determination from [REDACTED] (dated 5/21/13)
- Employee Medical Records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right wrist arthroscopy:

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), (2009), Forearm, Wrist and Hand Chapter, not part of the MTUS. The Expert Reviewer found no part of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/29/13. The submitted medical records note right wrist pain and right thumb pain. The employee's diagnoses include carpal tunnel syndrome (right) and wrist sprain/strain (right). Per the submitted medical records, prior treatment has included immobilization in a splint and medications. A request has been submitted for right wrist arthroscopy.

The Official Disability guidelines note arthroscopic repair of peripheral tears of the triangular fibrocartilage complex is a satisfactory method of repairing these injuries. The guidelines recommend a triangular fibril cartilage reconstruction with partial extensor carpi ulnar tendon, with or without ulnar shortening, for dealing with posttraumatic chronic TFC tear with distal radial ulnar joint instability. However, the submitted medical records do not indicate findings of ulnar instability on an ulnar stress test and there is no indication of tenderness directly over the ulnar carpal joint. The requested right wrist arthroscopy **is not medically necessary and appropriate.**

2) Regarding the request for evaluation with specialist for possible fracture of radius and ulna:

Medical Treatment Guideline(s) 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), Chapter 7, pg. 127 and 156, not part of MTUS. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 1/29/13. The submitted medical records note right wrist pain and right thumb pain. The employee's diagnoses include carpal tunnel syndrome (right) and wrist sprain/strain (right). Per the submitted medical records, prior treatment has included immobilization in a splint and medications. A request has been submitted for evaluation with specialist for possible fracture of radius and ulna.

The ACOEM guidelines recommend the occupational practitioner refer to other specialists if the diagnosis is uncertain or extremely complex or when the plan or course of care may benefit from additional expertise. Although the employee is noted to have findings of a transverse linear line of sclerosis extending across the distal metaphysis on 1/30/2013, on subsequent examination, including x-rays and magnetic resonance imaging, there is no documentation of a fracture of the radius or ulnar. The requested evaluation with specialist for possible fracture of radius and ulna **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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/srb

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.