

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/23/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

5/17/2013

4/8/2013

6/7/2013

CM13-0000601

- 1) MAXIMUS Federal Services, Inc. has determined the request for MRI of left wrist **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/7/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 MRI of left wrist **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 Preventative 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated June 20, 2013:

“DECISION/CLINICAL RATIONALE AS STATED IN THE PEER REVIEWER'S REPORT:

REQUEST: Appeal Cervical Spine MRI SUMMARY OF TREATMENT/CASE HISTORY: [REDACTED] is the 33-year-old [REDACTED] who had been involved in a 04/08/13 incident at [REDACTED]. The [REDACTED] was apparently coming down a ladder with a 25-30 pound toolbox when one of the rails of the ladder broke and caused the [REDACTED] to fall forward landing on his right side striking his face and head on the concrete in trying to break his fall with a left hand. The [REDACTED] was initially seen in emergency room, x-rays were taken, forehead wound cleaned, and tetanus shot was given. By 05/23/13, the doctor's evaluation indicates slowly improving after six chiropractic treatments from 04/18/13 to 05/23/13. He is working with restrictions part-time. There were complaints of neck and upper back pain with radiation to the right arm, headache, dizziness, sensitive to light, nausea, left wrist pain with numbness and tingling, mid back pain increased on the left, lower back increased on the left going to the buttocks to the left leg with some numbness. There was chest pain, tailbone and sacroiliac pain, stress, anger, and depression, gastrointestinal problem, sleeping difficulty. There are functional limitations that were described. The [REDACTED] was having reduction of range-of-motion 30% lumbar spine, more on the left and 25% restriction cervical range-of-motion, tenderness, muscle spasm, myofascial pain, trigger points, Lasegue's back pain 70 degrees on the left and 75 degrees on the right, Patrick-Fabere's lower back pain on the left, Bragard's questionable, Kemp's created less lower back pain more on the left, cervical compression created less neck and upper back pain more on the right including Soto-Hall's and shoulder depression, cervical distraction negative, decreased left grip strength 25 pounds versus 60 pounds, reflexes trace at Achilles and trace at patella, upper- and lower extremities decreased in the left lower extremity and in the right upper extremity, heel and toe walking increased low back pain more so on the left, difficulty to change position, wrist wrapped with Ace bandage, tenderness with restriction, muscle spasm, weakness, positive Tinel's and positive Phalen's in left wrist, knee tender more on distal thigh and around the knee joint, and range-of-motion was normal.”

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
- Utilization Review Determination
- Employee medical records from the Claims Administrator and from the Employee
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for an MRI of left wrist

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) (no chapter listed), a Medical Treatment Guideline (MTG), which is not part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that Forearm, Wrist and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Table 11-6, which is part of the MTUS, was relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on 4/8/13. The medical records provided for review indicate treatments have included: analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of chiropractic manipulative therapy, and work restrictions. The request is for a magnetic resonance imaging (MRI) of the left wrist.

The MTUS ACOEM guidelines do not recommend MRI to identify and define suspected carpal tunnel syndrome. The medical records provided for review identify a suspected diagnosis of carpal tunnel syndrome. Therefore, the request for an MRI of left wrist **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

/hs

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.