

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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February 5, 2013

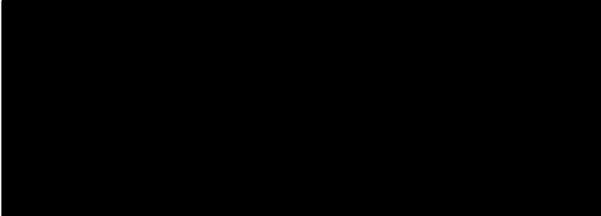
**Notice of Expedited Independent Medical Review Determination  
Case No. CM13-000004**

Department of Industrial Relations  
Division of Workers' Compensation

  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

Via: Electronic transmission







**Summary: MAXIMUS Federal Services, Inc. (MAXIMUS) has determined the requested MRI of the employee's left wrist is medically necessary.**

**Case background:**

Employee:  
Claim Number:  
Date of Injury: 01/04/2013  
Provider: [REDACTED]  
Treatment/Service: MRI of left wrist  
Authorization Requested: 01/08/2013  
Date of UR decision: 01/18/2013  
IMR Application Received: 01/28/2013

A request for an expedited Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS as the designated Independent Medical Review Organization who has contracted with the Department to provide reviews pursuant to the California Labor Code.

The interested parties were notified that the review was assigned on an expedited basis. MAXIMUS requested and received an extension of time to perform the review. Documents were received from the interested parties which, together with the information provided with the application, was reviewed and considered by our impartial and independent reviewer to decide if the requested service is medically necessary.

**Summary of our decision:**

The 58-year-old employee, through his provider, requested authorization for an MRI of his left wrist. The Claims Administrator denied the request indicating an MRI was not medically necessary and was non-certified.

Our physician reviewer performed an expedited Independent Medical Review. The physician reviewer overturned the denial on the basis that the requested medical service is medically necessary. The MAXIMUS physician reviewer examined all of the medical records and documentation submitted and has carefully considered the positions submitted by the requesting physician, the employee and utilization review organization. The physician reviewer's report is attached to this letter.

Please note that 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.

**Physician Reviewer qualifications:**

The MAXIMUS decision was made by an independent physician who has no affiliation with the employer, employee, providers or the claims administrator. The MAXIMUS physician reviewer is board certified in Radiology and is licensed to practice in California and Idaho. He has been in active clinical practice at least 40% of the time in at least two of the preceding four years.

**Effect of the decision:**

The determination of MAXIMUS 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), the determination may be reviewed only by a verified appeal filed with Workers' Compensation Appeals Board for hearing and served within 30 days of the date of mailing to the employee or employer.

Sincerely,



Program Manager  
MAXIMUS Federal Services, Inc.

Enclosure

**MAXIMUS FEDERAL SERVICES, INC.**

**MEDICAL PROFESSIONAL REVIEWER REPORT**

**DWC Case No. IMR 13-000004 (Expedited)**

**Biography:**

I am board certified in Radiology and I am actively practicing. I am knowledgeable in the treatment of the employee's medical condition, knowledgeable about the proposed treatment, and familiar with the guidelines and protocols in the area of treatment under review. In addition, I hold a current certification by a recognized American specialty board in the area appropriate to the treatment under review. I have no history of disciplinary action or sanctions against my license.

**Adequacy of Medical Records and Other Clinical Records for Review**

*Medical and other clinical records submitted for review*

1. Initial orthopedic hand/upper extremity specialist consultation report ( [REDACTED] ) dated 01/08/2013.
2. Primary treating physician orthopedic hand/upper extremity specialist progress reports ( [REDACTED] ) dated 01/15/2013 and 01/22/2013.
3. Doctor's First Report of Injury [REDACTED] dated 01/04/2013.
4. Primary Treating Physician's Progress Report (PR-2) ( [REDACTED] ) dated 01/07/2013.

*Reviewer assessment of records*

I find the medical records and other clinical information legible, complete and adequate to perform my review.

**Summary of issue submitted for review**

A 58-year-old male employee has requested authorization and coverage for an MRI of his left wrist. The Claims Administrator denied the request indicating that the requested medical service is not medically necessary for diagnosis and treatment of the employee's condition.

The issue is whether the requested MRI is medically necessary to rule out a likelihood of a scapholunate ligament rupture because the employee would have about three weeks from the time of injury to have surgery for primary repair.

### ***Alternative service offered by the claims administrator***

None.

### **Additional evidence reviewed and cited**

The utilization review determination noted the California Medical Treatment Utilization Standards and the guidelines of the American College of Occupational and Environmental Medicine (ACOEM) are not specific with respect to MRIs. The denial referenced Official Disability Guidelines, 11<sup>th</sup> Edition (Web), 2013 Forearm, Hand and Wrist, MRI, as support in concluding an MRI was not medically necessary.

I have also considered the American College of Radiology Appropriateness Criteria, Acute Hand and Wrist Trauma (last revised, June 2012), available on the ACR website at [www.acr.org](http://www.acr.org). The criteria are established in accordance with guidelines established by the Agency for Healthcare Research and Quality and are also published on the National Guidelines Clearinghouse.

### **Summary of relevant patient medical history and current condition**

A review of the record indicates the worker fell on 01/04/2013 and injured his left wrist. He was referred to [REDACTED] where he was evaluated and x-rays were taken and given pain medications and a splint for his left wrist.

He was evaluated on 01/08/2013 by an orthopedic hand and upper extremity surgeon who requested a "stat" CT and a "stat" MRI of the left wrist to rule out carpal bone fractures and/or ligamentous ruptures, respectively. He was seen on 01/15/2013 and again on 01/22/2013, by the same orthopedic surgeon. At each visit, subjective complaints of left wrist pain and objective findings of mild swelling, tenderness over scaphoid tubercle and scapholunate ligament, decrease in range of motion, no gross instability and neurovascularly intact distally were noted. There was no marked tenderness over the wrist with the exception of the scaphoid tubercle on physical examination. The pending requests for the CT scan and MRI were also noted during the return visits.

### **Analysis and findings**

This patient has a clinical picture which has been described by the attending hand and wrist surgeon suspicious for interosseous ligamentous disruption. There is tenderness over the scaphoid tubercle and decreased range of motion. The plain films show degenerative joint disease and no other findings. Since there is a suspicion of scapholunate disruption, MRI would be the procedure of choice for evaluation of not only the interosseous ligaments but also the carpal bones for increased T2 signal which would be associated with fractures. Without edema in the carpal bones fractures would not at all be suspected. In addition, MRI would be the procedure

of choice to evaluate the scaphoid for a radiographically occult fracture with increased T2 signal a certainty if fracture is present at 4 weeks after the incident.

**My determination**

I have determined that the MRI is medically necessary based on the nationally recognized standard referenced above, including the peer-reviewed scientific and medical evidence regarding its effectiveness cited therein, as well as generally accepted standards of medical practice.