

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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MAXIMUS
Federal Services



February 5, 2013

Notice of Expedited Independent Medical Review Determination
Case No. CM13-000005

Department of Industrial Relations
Division of Workers' Compensation

[REDACTED]
1515 Clay Street, 18th Floor
Oakland, CA 94612

[REDACTED]

[REDACTED]

[REDACTED]

Summary: MAXIMUS Federal Services, Inc. (MAXIMUS) has determined the requested CT scan of the employee's left wrist is not medically necessary for diagnosis and possible treatment until findings are available from the MRI of the left wrist service (see IMR Case # 13-000004).

Case background:

Employee:
Claim Number:
Date of Injury: 01/04/2013
Provider: [REDACTED]
Treatment/Service: CAT scan 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 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 a CT scan of his left wrist. The Claims Administrator denied the request indicating a CT scan was not medically necessary and was non-certified.

Our physician reviewer performed an expedited Independent Medical Review. The physician reviewer upheld the denial on the basis that the requested medical service is not 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 13-000005 (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 (Dr. [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 a CT scan of 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 a CT scan is medically necessary to rule out left wrist scaphoid fracture.

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 CT scanning. The denial referenced Official Disability Guidelines, 11th Edition (Web), 2013 Forearm, Hand and Wrist, CT, as support in concluding a CT scan 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. 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

The requested CT scan of the wrist is not yet indicated based upon the non-specific and clinically mild findings described on the physical exam.

I have previously concluded that an MRI is medically necessary and, if done, the entire wrist including the carpal bones will be imaged. If there is a fracture in the left wrist, the lesion will be demonstrated on the MRI scan as an area of increased T2 signal. At the same time, CT would not be indicated without abnormal findings suspicious for fracture on the MRI. At that point, a CT of the wrist may well be indicated in order to characterize the boney trabecular pattern and assess any possible fragmentation since this imaging method is better suited to that task.

My determination

I have determined that the CT scan is not medically necessary at this time, pending the outcome of the MRI, based on generally accepted standards of medical practice.