

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/9/2013
Date of Injury: 5/16/2001
IMR Application Received: 8/20/2013
MAXIMUS Case Number: CM13-0014072

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31 Y, M with a date of injury on 5/16/01. The patient's diagnoses include: bilateral scaphoid fractures right greater than left; right dequerviains tenosynovitis. The utilization review letter dated 10/16/12 by [REDACTED] noted that the patient underwent open reduction and internal fixation of the left wrist in 2003 and to the right wrist in 2004. The progress report dated 7/15/13 by [REDACTED] noted that the patient complained of swelling and pain in the right hand and feels like the pins are backing out. X-rays of the right hand, wrist and forearm showed retained hardware. The progress report dated 7/29/13 by [REDACTED] noted no change in the patient's complaints. Repeat x-rays showed no acute changes. MRI of the right wrist/hand was requested along with PT or DC 3x6

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. 5 view X-Rays, right wrist is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging X-rays, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), radiography evaluation of the forearm, wrist, and hand, table 11-7, page 272, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The utilization review letter dated 10/16/12 by [REDACTED] noted that the patient underwent open reduction and internal fixation of the left wrist in 2003 and to the right wrist in 2004. The

progress report dated 7/15/13 by [REDACTED] noted that the patient complained of swelling and pain in the right hand and feels like the pins are backing out. X-rays of the right hand, wrist and forearm showed retained hardware. The progress report dated 7/29/13 by [REDACTED] noted no change in the patient's complaints. Repeat x-rays showed no acute changes. MRI of the right wrist/hand was requested along with PT or DC 3x6. ACOEM pg. 272, table 11-7 recommends plain films for suspected scaphoid fractures, repeat films in 7-10 days. Routine use of radiography for evaluation of forearm, wrist, and hand is not recommended. The medical records do not indicate that the patient was being evaluated for an acute fracture, therefore repeat x-rays are not recommended by the guidelines noted above. **The request for 5 view X-Rays, right wrist is not medically necessary and appropriate.**

2. 3 view X-Rays, right hand is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging X-rays, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), radiography evaluation of the forearm, wrist, and hand, table 11-7, page 272, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The utilization review letter dated 10/16/12 by [REDACTED] noted that the patient underwent open reduction and internal fixation of the left wrist in 2003 and to the right wrist in 2004. The progress report dated 7/15/13 by [REDACTED] noted that the patient complained of swelling and pain in the right hand and feels like the pins are backing out. X-rays of the right hand, wrist and forearm showed retained hardware. The progress report dated 7/29/13 by [REDACTED] noted no change in the patient's complaints. Repeat x-rays showed no acute changes. MRI of the right wrist/hand was requested along with PT or DC 3x6. ACOEM pg. 272, table 11-7 recommends plain films for suspected scaphoid fractures, repeat films in 7-10 days. Routine use of radiography for evaluation of forearm, wrist, and hand is not recommended. The medical records do not indicate that the patient was being evaluated for an acute fracture, therefore repeat x-rays are not recommended by the guidelines noted above. **The request for 3 view X-Rays, right hand is not medically necessary and appropriate.**

3. 2 view X-Rays, 2 forearm is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Indications for imaging X-rays, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), radiography evaluation of the forearm, wrist, and hand, table 11-7, page 272, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The utilization review letter dated 10/16/12 by [REDACTED] noted that the patient underwent open reduction and internal fixation of the left wrist in 2003 and to the right wrist in 2004. The progress report dated 7/15/13 by [REDACTED] noted that the patient complained of swelling and pain in the right hand and feels like the pins are backing out. X-rays of the right hand, wrist and forearm showed retained hardware. The progress report dated 7/29/13 by [REDACTED] noted no change in the patient's complaints. Repeat

x-rays showed no acute changes. MRI of the right wrist/hand was requested along with PT or DC 3x6. ACOEM pg. 272, table 11-7 recommends plain films for suspected scaphoid fractures, repeat films in 7-10 days. Routine use of radiography for evaluation of forearm, wrist, and hand is not recommended. The medical records do not indicate that the patient was being evaluated for an acute fracture, therefore repeat x-rays are not recommended by the guidelines noted above. **The request for 2 view X-Rays, 2 forearm is not medically necessary and appropriate.**

4. Physical therapy or chiropractic manipulation therapeutic procedure 1 or more, 3 times per week is not medically necessary and appropriate.

The Claims Administrator based its decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), manipulation, which is part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The utilization review letter dated 10/16/12 by [REDACTED] noted that the patient underwent open reduction and internal fixation of the left wrist in 2003 and to the right wrist in 2004. The progress report dated 7/15/13 by [REDACTED] noted that the patient complained of swelling and pain in the right hand and feels like the pins are backing out. X-rays of the right hand, wrist and forearm showed retained hardware. The progress report dated 7/29/13 by [REDACTED] noted no change in the patient's complaints. Repeat x-rays showed no acute changes. MRI of the right wrist/hand was requested along with PT or DC 3x6. MTUS pg. 58 states that manual therapy & manipulation is not recommended for the forearm, wrist, & hand. The requested 18 visits also exceeds the recommended number of PT visits by MTUS pg. 98, 99 (9-10 PT visits for myalgia and myositis). **The request for physical therapy or chiropractic manipulation therapeutic procedure 1 or more, 3 times per week is not medically necessary and appropriate.**

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.

[REDACTED]

CM13-0014072