
Notice of Independent Medical Review Determination

Dated: 9/18/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

8/6/2012

7/15/2013

CM13-0001340

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/15/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 bilateral wrist braces **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 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 July 3, 2013

“The patient sustained a work injury on August 6, 2012. The allowed condition is right upper extremity. The prescription for the braces on both wrists is received, but there is no clinical information provided, no diagnosis, not history of treatment, no history of injury, and no medical rationale for the requested bilateral wrist braces.”

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 on 7/15/13)
- Utilization Review Determination (dated 7/3/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist, and Hand Chapter, Page 265
- Comprehensive Orthopaedic Report and Internal Medicine Consultation from [REDACTED] (dated 11/14/12-5/22/13)
- PR-2 reports with additional notes from [REDACTED] (dated 12/14/12-5/29/13)
- Doctor's initial report and follow up visit notes (dated 4/25/13-6/13/13)
- Elbow/Wrist/Hand Evaluation and re-evaluation notes from [REDACTED] (dated 4/1/13-5/2/13)
- New patient intake form-Acupuncture from [REDACTED] (dated 4/1/13)
- Computerized ROM and Muscle Test Report from [REDACTED] (dated 11/14/12)

- PR-2 Reports and Medical Records from [REDACTED] (dated 8/17/12-10/11/12)
- PR-2 Report from [REDACTED] (dated 4/20/13-5/23/13)
- Progress Reports from [REDACTED] (dated 7/13/12-10/22/12)
- Orthopedic Surgical Consultation from [REDACTED] (dated 10/4/12)
- ESWT Procedure Report from [REDACTED] (dated 5/2/13-6/13/13)
- Progress notes/Status Report from [REDACTED] (dated 5/16/13)
- Prescription for wrist braces from [REDACTED] (dated 4/25/13)

1) Regarding the request for bilateral wrist braces:

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), Hand and Wrist Chapter, page 265, part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. 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 injuries to the right hand and wrist on 8/06/12 associated with continuous trauma. The reviewed medical records indicate treatment has included analgesic medications, right wrist brace and physical therapy. Electrodiagnostic testing of the right upper extremity on 12/10/12 was notable for an acute right C6-C7 radiculopathy but was negative for peripheral neuropathy. A request has been submitted for bilateral wrist braces.

ACOEM guidelines note that any splinting or limitation placed on the hand, wrist or forearm should not interfere with total body activity in a major way. The medical records reviewed in this case indicate electrodiagnostically confirmed cervical radiculopathy but do not document a diagnosis of carpal tunnel syndrome or wrist fracture for which splinting and/or bracing would be indicated. ACOEM guidelines do not support bilateral wrist braces in this clinical setting. The request for bilateral wrist braces 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.