

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	9/1/2009
IMR Application Received:	7/19/2013
MAXIMUS Case Number:	CM13-0002199

- 1) MAXIMUS Federal Services, Inc. has determined the request for **an injection to the right wrist is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/24/2013. 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 **an injection to the right wrist is 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 Physical Medicine and Rehabilitation 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.

Expert Reviewer Case Summary:

This 52 year old male injured his right upper extremity, including his wrist on 9/1/09. The mechanism of injury occurred when the patient slipped on a wet floor, causing his right hand to flail and get caught between two rollers in a conveyor belt. He also injured his hand and shoulder. He had been diagnosed with wrist tendonitis/enthesopathy, but his injury had resolved and he returned to full duty. His right thumb was tender along the flexor tendon and he had multiple studies. On 4/3/13, he reported pain in the right palm and dorsal wrist that radiated to his shoulder with numbness and tingling. He was extremely tender. He was diagnosed with left thumb tendonitis and carpal tunnel syndrome (CTS). An injection was recommended for the left thumb. Now an injection had been requested for the right wrist.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

- 1) **Regarding the request for an injection to the right wrist:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 265, which is a part of MTUS, and the Official Disability Guidelines (ODG), Forearm, Wrist and Hand Injections, which is not a part of MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pgs. 365 and 272, which is part of the the MTUS. The Expert Reviewer also used the Official Disability Guidelines (ODG), which is not part of MTUS.

Rationale for the Decision:

The employee had diagnoses of tendonitis of the hand, enthesopathy of the wrist, and right thumb tenosynovitis from the injury dated 9/1/09. The injury had resolved and the employee returned to full duty. The progress report dated 7/24/13 by Dr. [REDACTED] noted that the employee has tenderness along the right thumb flexor tendon and numbness in both radial sensory region dorsal arms. It was noted that the right hand can make a full fist. Tapping over the median nerve caused electrical sensation. An injection along the median nerve of the right wrist was requested. From the medical records submitted for review, it appears that the employee had a resolution of symptoms to the right wrist which would indicate that there was some conservative treatment, (medications or rest or home exercises). It appears that the employee is suffering from a recurrence of wrist pain and the requested injection would be a reasonable option at this point and is supported by MTUS in this case. **The request for an injection to the right wrist is 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,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/DSO

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.