

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	11/29/2012
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0002989

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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. 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 fusion of wrist joint **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 Orthopedic Surgery, 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:

The patient is a 53-year-old male who reported a work-related injury on 11/29/2012 as a result of strain to the right wrist. Subsequently, the clinical note dated 05/02/2013 summarizes the patient's treatment status post his injury. The patient underwent a lengthy course of physical therapy interventions, bracing, and an MRI. MRI of the right wrist revealed degenerative cystic lesions throughout the carpal bones in the right wrist. It was recommended the patient continue with conservative treatment modalities and utilize wrist splinting. The patient's medication regimen included Imitrex at the patient was allergic to ibuprofen. A cortisone injection was performed to the 1st extensor compartment of the wrist. Dr. [REDACTED] recommended the patient initially be treated for tendinitis which was implemented with use of a cortisone injection. The provider documented if symptoms of tendinitis can be limited, then this would be preferable to attempting wrist joint surgery given the demands of the patient's occupation. The provider documented upon physical exam of the right wrist, the patient had no post-traumatic or surgical scars evidenced. The patient had full range of motion of the thumb and all the digits of the right hand. There was pain to palpation at the base of the right thumb metacarpal. This appeared to be at the carpometacarpal articulation, as well as palpation of the scaphoid snuff box dorsally and volarly. The patient had a mildly positive Finkelstein's test. There was no evidence of instability to address scapholunate lunotriquetral mid carpal or distal radial ulnar joints. The clinical note dated 06/13/2013 reports the patient was seen for followup under the care of Dr. [REDACTED]. The provider documents the patient reported status post injection that the 1st extensor compartment is no longer tender; however, his original pain due to the arthritis in the radial aspect of the wrist had not changed. Upon physical exam of the patient's right wrist, there was no soft tissue swelling, no tenderness over the 1st extensor compartment, and Finkelstein test was negative. The patient had isolated tenderness to the snuff box of the wrist. The provider documented the patient's symptoms had not changed at all, because the area of interest at the articulation between scaphoid and the trapezium remains arthritic and painful. The provider could find no indication that fusing the joint would preclude the

patient from performing his usual and customary duties. The provider recommended the patient undergo a fusion between the trapezium and the scaphoid.

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 Employee/Employee Representative
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for fusion of wrist joint :

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

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Surgical Considerations, pages 270-271, which is part of the MTUS. The Expert Reviewer also cited the Official Disability Guidelines (ODG) Forearm Wrist and Hand Chapter, Arthrodesis (fusion), which is not part of the MTUS.

Rationale for the Decision:

The ACOEM Guidelines indicates that surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risk, and benefits and especially expectations is very important. The employee is under the care of his primary treating physician and a hand specialist. The hand specialist recommended the employee utilize lower levels of conservative treatment to control the pain, due to his occupational work requirements and felt that the employee would not be able to return to work for a great deal of time postoperatively to a fusion. The employee's primary treating physician however felt that the employee needed to have the surgery and submitted the request. The information submitted by the primary treating physician showed no evidence of current imaging studies of the employee's right wrist, and no new progress notes since 6/13/2013. There was no documentation to indication that the employee had tried alternative treatments, and what the outcome was. **The request for a fusion of the wrist joint 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,

Paul Manchester, MD, MPH
Medical Director

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

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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.