

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/17/2013  
Date of Injury: 7/12/2013  
IMR Application Received: 7/31/2013  
MAXIMUS Case Number: CM13-0004919

- 1) MAXIMUS Federal Services, Inc. has determined the request for a **right 5th metacarpal closed reduction percutaneous pinning is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op occupational therapy is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 07/17/201. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 a **right 5th metacarpal closed reduction percutaneous pinning is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op occupational therapy 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 25-year-old male who reported an injury on 7/12/12. The Doctor's First Report of Occupational Injury or Illness form indicates that the patient was diagnosed with a right 5<sup>th</sup> metacarpal closed fracture. X-rays revealed an anterior displaced fracture of the distal 5<sup>th</sup> metacarpal. The patient was placed in a splint and given a prescription for ibuprofen and tramadol. The patient was seen on 7/15/13 with complaints of right hand pain rated at a 7/10. On examination, the patient had mild swelling and tenderness to palpation about the metacarpophalangeal (MP) joint of the right small finger. The patient did have decreased range of motion with 5 degrees of ulnar malrotation. The note reported that radiographs demonstrated a fracture of the right metacarpal neck with 65 degrees of volar angulation. The patient was recommended for a closed reduction pinning of the right 5<sup>th</sup> metacarpal neck fracture. The request for surgery was approved, and postoperative physical therapy was modified for 8 visits.

### 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 right 5th metacarpal closed reduction percutaneous pinning:**

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 on the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation; the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter.

Rationale for the Decision:

The MTUS guidelines do not specifically address this request. The Official Disability Guidelines state that surgery for metacarpal fractures is recommended when a reduction could not be maintained without some form of internal stabilization requiring percutaneous pinning. The medical records submitted for review indicate that the employee does have imaging evidence of an acute fracture of the distal 5<sup>th</sup> metacarpal bone with volar angulation. Given the employee's angulation and physical exam findings of malrotation, a closed reduction and percutaneous pinning of the right 5<sup>th</sup> metacarpal meets guideline criteria. **The request for a right 5<sup>th</sup> metacarpal closed reduction percutaneous pinning is medically necessary and appropriate.**

**2) Regarding the request for post-op occupational therapy:**

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 California MTUS, Post-Surgical Treatment Guidelines, which are part of the MTUS.

The Expert Reviewer based his/her decision on the California MTUS, Post-Surgical Treatment Guidelines, pg.10 and 20, which are part of the MTUS.

Rationale for the Decision:

The California MTUS recommends up to 16 total sessions of postoperatively therapy for patients status post fracture of the metacarpal bone. However, the guidelines state that the initial course means 1/2 of the number of total visits. Therefore, only 8 postoperative occupational therapy visits would be within the guidelines. The current request does not contain a duration or frequency for the proposed postoperative occupational therapy. Therefore, it is unclear if the current request would exceed the California MTUS Guidelines initial recommendation for 8 visits over 5 weeks. **The request for post-operative occupational therapy 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, 18<sup>th</sup> 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.