

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/10/2013**

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/14/2013
Date of Injury: 8/5/2010
IMR Application Received: 8/28/2013
MAXIMUS Case Number: CM13-0017881

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right wrist cock-up splint is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **quarterly labs is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **POC urine drug screen is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/28/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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 **right wrist cock-up splint** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **quarterly labs** is **medically necessary and appropriate**.
- 3) MAXIMUS Federal Services, Inc. has determined the request for **POC urine drug screen** 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 Physical Medicine, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient had an industrial injury on 8/5/2010. She is status post bilateral carpal tunnel release surgeries in 2011. According to the office note date 09/14/11, the patient did have bilateral carpal tunnel surgeries in 2011, and is now reporting increasing pain in the right wrist. On exam there is mild swelling over the wrist, decreased ability to hyperextend the wrist, palpable tenderness over the base of the thumb at the pollicis brevis and pollicis longus tendons, and has very poor grip strength. The impression is De Quervain's tenosynovitis. The provider recommended right thumb spica brace, topical analgesic compound, and steroid injection to the right thumb. The right thumb steroid injection was non-certified by peer review on 10/08/12, as there was no documentation of functional deficits. Peer review was completed on 11/16/13 for the requested DeQuervain's surgery right wrist. The reviewer determined the procedure and related requests were not medically necessary, as there was insufficient evidence of objective physical findings or failed conservative treatment. The patient had lab work done in January of 2013. Basic metabolic panel, hepatic panel, and CBC were all within normal limits. 7/16/12 progress note indicates patient began using topical NSAID gel. 01/02/13 TREATING PHYSICIAN'S ORTHOPEDIC [REDACTED] MEDICAL REPORT. Impression: 1. De Quervain's tenosynovitis right thumb. 2. Right wrist pain. Treatment Plan: Gabapentin and omeprazole prescribed. Ibuprofen continued. Laboratory studies requested. 2/7/13 Patient urine drug screen states that she is on: GABAPENTIN, NAPROXEN, OMEPRAZOLE. Per 9/10/2013 note signed by [REDACTED]: "She finds very little benefit with oral pain medications. She has been using Voltaren gel. That has been benefiting her more than anything else as she is happy to use this rather than oral

medications because she has concerns about the effect on her health.” Request here is whether a right cock up splint, quarterly labs, POC urine drug screen are medically necessary.

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 wrist cock-up splint:

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist, and Hand Complaints, Chapter 11, Physical Methods, which is part of the MTUS, and the Official Disability Guidelines for Forearm, Wrist, and Hand, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Forearm, Wrist, and Hand Complaints, Chapter 11, page 323, which is part of the MTUS, and the Official Disability Guidelines (ODG), Hand Section, which is not part of the MTUS.

Rationale for the Decision:

A cock up splint is not medically necessary for this employee diagnosed with DeQuervain’s tenosynovitis. There is no reference to cock up splints for DeQuervain’s tenosynovitis in the MTUS. There is a reference to a wrist-thumb splint in the ACOEM (MTUS) for DeQuervain’s tenosynovitis. **The request for the right wrist cock-up splint is not medically necessary and appropriate.**

2) Regarding the request for quarterly labs:

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 website Complete Blood Count, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 111, which is part of the MTUS.

Rationale for the Decision:

The request for quarterly labs is medically necessary. CA MTUS and ODG do not specifically address the request of “quarterly labs.” There is however, a reference in the MTUS 9792.20 – 9792.26 to a monitoring of CBC, chemistry profile (including liver and renal function tests. within 4 to 8 weeks after starting therapy of NSAIDS, but the interval of repeating lab tests after this treatment duration has not been established. The employee had lab work done in January of 2013. Basic metabolic panel, hepatic panel, and CBC were all within normal limits. The employee is on topical NSAIDS which can result in blood concentrations and systemic effect compared to oral forms. It is reasonable given the fact that the employee is on topical NSAIDS to repeat the bloodwork done in January 2013 to see if there are any changes. **The request for quarterly labs is medically necessary and appropriate.**

3) Regarding the request for POC urine drug screen:

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 Official Disability Guidelines, Pain Chapter, which is not a part of MTUS.

The Expert Reviewer found based his/her decision on the Chronic Pain Medical Treatment Guidelines, pgs. 93-94, which are part of the MTUS, and the Official Disability Guidelines, Pain Chapter, Urine drug testing (UDT), which is not part of the MTUS.

Rationale for the Decision:

The documentation submitted for review does not support the request for a drug screen. The documentation does not indicate that the employee is on medications that would require monitoring. **The request for a POC urine drug screen 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

/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.