

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 10/31/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/5/2013
Date of Injury:	4/12/2007
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004180

- 1) MAXIMUS Federal Services, Inc. has determined the request for arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for assistant surgeon-physician assistant **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op clearance with lab-CBC **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/29/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/5/2013. 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 arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for assistant surgeon-physician assistant **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for pre-op clearance with lab-CBC **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:

According to the records made available for review, this is a 48-year old female patient, s/p neuroplasty and/or transposition of the ulnar nerve at the elbow, tendon transplantation or transfet, flexor or extensor, forearm and/or wrist, single on 4/16/13. The patient most recently (6/26/13) presented with persistent pain to the ulnar aspect of the right wrist; she feels that the pain has gotten worse as the pain to the elbow has gotten better. Physical examination revealed no tenderness to palpation in the area surrounding the elbow wound; the continued with pain to palpation to the ulnar and ulnar volar aspect of the right wrist; she has pain with range of motion to the same location. Current diagnoses include s/p in-situ release ulnar nerve at cubital tunnel and anterior submuscular transposition; z-plasty lengthening at the flexor-pronator origin with evidence of stable healing. Treatment to date includes medication and splinting. Treatment requested is arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair, assistant surgeon-physician assistant, and pre-op clearance with lab-CBC.

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 arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair :

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), page 270, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Expert Reviewer relied on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2004), Forearm, Wrist and Hand Complaints, pgs. 270-271 which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

The employee reported a work-related injury on 04/12/2007 as the result of a fall. The employee sustained an injury to the right upper extremity. The request is for arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair.

Guidelines indicate, surgical considerations for hand surgery consultation may be indicated for patients who: have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both short and long term from surgical intervention. Medical records submitted and reviewed lack evidence of clear clinical and special study evidence of a lesion that has been shown to benefit in both short and long-term from surgical interventions, and lack of documentation noting that the patient had failed to respond to conservative management. The criteria has not been met. **The request for arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair is not medically necessary and appropriate.**

2) Regarding the request for assistant surgeon-physician assistant:

Since the arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair is not medically necessary, none of the associated services are medically necessary and appropriate.

3) Regarding the request for pre-op clearance with lab-CBC:

Since the arthroscopic exam of the ulnotriquetral ligament of the right wrist with open and arthroscopic repair is not medically necessary, none of the associated services are 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

/ldh

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.