

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/2/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	12/28/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006928

- 1) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the right wrist with and without contrast is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/3/2013. 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 **MRI of the right wrist with and without contrast 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 Preventive Medicine and Occupational Medicine, 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 applicant, Ms. [REDACTED], is a represented [REDACTED] employee who has filed a claim for wrist pain reportedly associated with an industrial injury of December 28, 2012.

Thus far, she has been treated with the following: Analgesic medications; right carpal tunnel release surgery; right carpal tunnel corticosteroid injection; electrodiagnostic testing of June 20, 2013, notable for evidence of mild ulnar and median neuropathy with no evidence of cervical radiculopathy; an MRI of the cervical spine of August 12, 2013, interpreted as normal; extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 24, 2013, the claims administrator non-certified an MRI of the wrist with and without contrast. No rationale was provided. The applicant's attorney appealed on July 30, 2013.

In a July 10, 2013, progress note, it is suggested that the applicant reports numbness and tingling throughout the right hand and the left hand. Diminished sensation and a positive Tinel's sign with mild swelling at the surgical site are appreciated. The applicant is asked to remain off of work, on total temporary disability, obtain a pain management consultation, and obtain an agreed medical evaluation.

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 MRI of the right wrist with and without contrast:

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, Summary of Recommendations and Evidence, Table 11-7, pages 271-273, which is a part of MTUS, and the Official Disability Guidelines (ODG), Forearm, Wrist and Hand, MRI's (magnetic resonance imaging), 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), Table 11-6, Ability of Various Techniques to Identify and Define Forearm, Wrist, and Hand Pathology, page 268, which is a part of MTUS.

Rationale for the Decision:

In this case, the employee has an established diagnosis of residual carpal tunnel syndrome involving the wrist in question. This diagnosis has been established electrodiagnostically. It is unclear what purpose MRI imaging would serve here. As noted in Table 11-6 of the MTUS-adopted ACOEM Guidelines in Chapter 11, MRI imaging scored a one out of four in its ability to identify and define suspected carpal tunnel syndrome, as is present here. The employee has already had the gold standard test for this diagnosis, namely electrodiagnostic studies, which were positive. **The request for MRI of the right wrist with and without contrast 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

/sce

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.