

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/17/2013
Date of Injury:	6/1/2012
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0007214

- 1) **MAXIMUS Federal Services, Inc. has determined the request for 1 MRI of the left wrist 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 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/4/2013. 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 **1 MRI of the left wrist 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 20-year-old male who suffered an occupational injury on 06/01/2012 while he was stacking a 44-pound stack of rice and felt a sharp pain. The patient was subsequently diagnosed with chronic wrist pain. A request for a left wrist MRI was made. An EMG/NCV on 08/03/2012 by Dr. [REDACTED] showed acute left carpal tunnel syndrome with no evidence of radiculopathy. The patient was prescribed Vicodin and Voltaren gel. The patient returned for follow-up on 06/11/2013 when he presented with neck pain. The physical examination showed findings over the neck and shoulder. A physical examination of the left wrist included a neurological evaluation, as well as special orthopedic provocative maneuvers were performed, but failed to document any significant finding of neurological or anatomical injury.

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 [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 MRI of the left wrist:

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

The Claims Administrator did not cite a guideline in its utilization review determination letter.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Forearm, Wrist and Hand Chapter, Special Studies and Diagnostic and Treatment Considerations, pgs. 268-269, which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

ACOEM guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6-week period of conservative care and observation. In cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. Furthermore, guidelines indicate that the use of magnetic resonance imaging is not recommended in the absence of ambiguous electrodiagnostic studies. Electrodiagnostic studies are likely to remain the pivotal diagnosis examination of patients with suspected carpal tunnel syndrome. According to the documentation submitted for review, the employee has already had electrodiagnostic studies completed to the left wrist. These studies, however, were far from ambiguous. These studies clearly diagnosed the employee with Carpal Tunnel syndrome in his left wrist. In light of this employee's existing diagnosis of carpal tunnel syndrome, as well as a lack of other objective or subjective findings to indicate any red flags that would warrant additional diagnostic studies, the rationale for this request is unclear, and is therefore not supported. **The request for 1 MRI of the left wrist 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

/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.