

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the requested Electromyogram and Nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/18/2013 disputing the Utilization Review Denial dated 4/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/6/2013. A decision has been made for each of the treatments and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the requested Electromyogram and Nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities **is medically necessary and appropriate.**

Medical Qualifications of the Professional 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 & Rehabilitation, 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 professional 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 11, 2013.

“DECISION/CLINICALRATIONALE AS STATED IN THE PEER REVIEWER'S REPORT: (from peer reviewer's report). REQUEST: electromyogram/nerve conduction velocity (EMG/NCV) study of bilateral upper extremities. SUMMARY OF TREATMENT/CASE HISTORY: The associate is a 59-year-old male with a date of industrial injury of 02/18/13. According to a clinic note on 04/01/13, there was mention of the associate having a bilateral biceps strain and bilateral shoulder strain and that there was some numbness going down the shoulders to his arms and hands. Also, the associate was on medications and was working modified work status and that physical therapy was helping. The right shoulder felt much better. Also, per 04/01/13 note, there was mention of complaint with forward flexion of the neck with some pain at the base of the head. There was mention of positive Hawkins maneuver for the right shoulder, questionable impingement for the left and right shoulder, left shoulder forward flexion 150 degrees with pain and Hawkins maneuver was positive on the right and left. Otherwise, physical exam was unremarkable with listed diagnoses of bilateral strain of the biceps, bilateral shoulder strain and rule out impingement for shoulders and cervical with the treatment plan to continue medications as well as physical therapy, regular work status as of 04/01/13 and a nerve conduction study. EXPLANATION OF FINDINGS: In my judgment the clinical evidence provided does not establish medical necessity for this request. According to the ACOEM Guidelines, "Electrodiagnostic studies are recommended to evaluate non-specific hand, wrist, or forearm pain for patients with paresthesias or other neurological symptoms." It also states, "Electrodiagnostic studies are recommended to assist in the diagnosis of subacute or chronic peripheral nerve entrapments, including the long thoracic nerve, brachial plexopathies, and suprascapular nerve." According to the Official Disability Guidelines regarding electrodiagnostic testing "Electromyography (EMG) is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult

cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies which include nerve conduction studies (NCS). There are situations in which both electromyography and nerve conduction studies need to be accomplished such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition as ulnar and median neuropathies or peroneal nerve compression neuropathies. Electromyographic examinations should be done by physicians." It is not clear as to why a nerve conduction study is being requested at this point and how this will be helpful in the overall treatment plan and what specific diagnosis is trying to be ruled out. There was also mention of the associate already working regular duty and that physical therapy treatment was helping. There was no mention of any specific neurologic deficits or any specific changing or worsening neurologic condition occurring or any specific red flag finding occurring to support the need for a specialized study such as a nerve conduction study. Therefore, this request is not medically reasonable or 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 for Independent Medical Review
- Utilization Review Decision Letter by [REDACTED] (dated 4/11/13)
- Pre-Authorization Determination by [REDACTED] (dated 4/10/13)
- Employee's Medical Records by [REDACTED] (dated 2/18/13 through 5/9/13)
- Employee's Diagnostic Report by [REDACTED] (dated 2/21/13)
- Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, pages 268-273)
- Official Disability Guidelines (ODG) – Forearm, Wrist, Hand Chapter: Electrodiagnostic Studies Section
- Official Disability Guidelines (ODG) – Carpal Tunnel Syndrome Chapter: Electrodiagnostic Studies Section
- Official Disability Guidelines (ODG) – Chronic Pain Chapter: Electrodiagnostic Testing Section

1) Regarding the request for Electromyogram and Nerve Conduction Velocity (EMG/NCV) of bilateral upper extremities:

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

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) guidelines, (2004) 2nd Edition, Chapter 11, Forearm, Wrist, and Hand Complaints, pages 268-273, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance, however, differed in the page numbers and felt that ACOEM Chapter 11, page 260-262, was more appropriate for the employee's clinical condition. The Professional Reviewer also found the ACOEM guidelines, (2004), 2nd Edition, Chapter 8, Neck & Upper Back Complaints, Special Studies and Diagnostic and

Treatment Considerations, page 178, appropriate for the employee's clinical condition.

Rationale for the Decision:

The employee, a sales representative for a home Improvement store, was injured on 2/17/2013 while lifting fertilizer bags weighing between 50 and 75 pounds. The medical records provided and reviewed indicate the employee was evaluated on 2/18/2013 for pain in bilateral arms, hands, and shoulders. There were positive findings including decreased right grip strength and tremors with purposeful movement of both shoulders. One week later the right shoulder improved as did the grip strength. A 3/04/2013 medical report stated the employee "still has numbness in the hands." The employee was sent for physical therapy, and the physical therapist noted constant tingling in the hand into the first three fingers, greater on the right than on the left. By 3/18/2013 the numbness in the hands was worsening, while the shoulders and biceps had improved. The medical report of 5/9/13 indicates the pain in the shoulders and biceps had resolved while the numbness into the hands still remained. ACOEM recommends EMG and NCV for evaluation of paresthesias down the upper extremities. The medical records provided and reviewed indicate the criteria for EMG/NCV have been met. The requested Electromyogram and Nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities **is 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,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th 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.