

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the EMG Study Bilateral Upper Extremities Quantity 1 requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Nerve Conduction Velocities-Bilateral Upper Extremities Quantity 2.00 requested **is medically necessary and appropriate for the right upper extremity only.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/20/2013 disputing the Utilization Review Denial dated 5/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 5/21/2013. 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 EMG Study Bilateral Upper Extremities Quantity 1 requested **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the Nerve Conduction Velocities-Bilateral Upper Extremities Quantity 2.00 requested **is medically necessary and appropriate for the right upper extremity only.**

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 May 13, 2013

“According to the medical records, the employee is a 21 year-old male manager of a fast food restaurant who sustained an injury to the right hand on April 9, 2013. He has a prior related claim on January 2012 with first and second degree burns to the right hand from a hot liquid. He used a splint and attended four months of physical therapy. He currently reports tingling in the right hand and pain with lifting heavy objects. He has been given a diagnosis of cervical strain, right C6-7 radiculitis and extensor tenosynovitis of the right wrist and thumb.”

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 by [REDACTED] (dated 5/13/13)
- Peer Review by [REDACTED] (dated 5/13/13)
- Request for Authorization for Medical Treatment by [REDACTED], MD (dated 5/6/13)
- Notice of Certification to the Provider by [REDACTED] [REDACTED] (dated 4/16/13)
- Employee's Medical Records by [REDACTED] (dated 1/31/12 thru 5/3/13)

- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8 – Neck and Upper Back, pg 177-178
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11 – Wrist and Hand Complaints, pg 261-262
- Official Disability Guidelines (ODG), Neck and Upper Back

Regarding the request for EMG Study of the Bilateral Upper Extremities, Quantity 1:

Medical Treatment Guideline(s) 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, 2nd Edition, 2004, Chapter 8, Neck and Upper Back, pages 177-178 and ACOEM Guidelines, 2nd Edition, 2004, Chapter 11, Wrist and Hand Complaints, page 261-262, both of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 21 year old manager of a fast food restaurant who sustained an injury to the right hand on April 9, 2004. He reported tingling in the right hand and pain with lifting heavy objects. The most recent medical report, dated 5/03/2013, indicated that the employee was experiencing severe right upper extremity pain radiating to the neck, with insomnia secondary to the pain. The treating provider believed the employee was experiencing a tenosynovitis problem, and he provided a splint with anti-inflammatory medicine. The provider recommended upper extremity electrodiagnostics if the paresthesia persisted after the conservative care. It should be noted that the employee has a prior claim on 01/31/2012 with second and third degree burns to the right hand from a hot liquid. For the earlier claim, the employee was given a splint, pain medication, anti-inflammatory medication, and physical therapy for approximately four months.

ACOEM guidelines chapter 8, page 178 states that EMG and NCV tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting over three weeks. According to the submitted records, the provider requested the EMG/NCV on 5/03/2013. He initially saw the employee three weeks prior and started the course of physical therapy, activity modification and splinting. The paresthesia remained and the EMG/NCV study was ordered. The requested service is consistent with the MTUS/ACOEM guidelines criteria. The EMG Study of the Bilateral Upper Extremities, quantity 1 requested is medically necessary and appropriate.

1) Regarding the request for Nerve Conduction Velocities-Bilateral Upper Extremities, Quantity 2.00:

Medical Treatment Guideline(s) 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, 2nd Edition, 2004, Chapter 8, Neck and Upper Back, pages 177-178 and ACOEM Guidelines, 2nd Edition, 2004, Chapter 11, Wrist and Hand Complaints, page 261-262, both of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee is a 21 year old manager of a fast food restaurant who sustained an injury to the right hand on April 9, 2004. He reported tingling in the right hand and pain with lifting heavy objects. The most recent medical report, dated 5/03/2013, indicated that the employee was experiencing severe right upper extremity pain radiating to the neck, with insomnia secondary to the pain. The treating provider believed the employee was experiencing a tenosynovitis problem, and he provided a splint with anti-inflammatory medicine. The provider recommended upper extremity electrodiagnostics if the paresthesia persisted after the conservative care. It should be noted that the employee has a prior claim on 01/31/2012 with second and third degree burns to the right hand from a hot liquid. For the earlier claim, the employee was given a splint, pain medication, anti-inflammatory medication, and physical therapy for approximately four months.

The MTUS/ACOEM guidelines state that NCV studies are necessary when symptoms last for more than 3-4 weeks. However, there is no documentation from the submitted medical records indicating subjective complaints on the left arm or hand, and it did not appear that the left-side was examined. Since there are no documented subjective complaints or clinical findings to suggest involvement of the left-side upper extremity, the NCV for the left-side upper extremity would not be medically necessary. The NCV is medically necessary for the symptomatic right upper extremity only. The Nerve Conduction Velocities-Bilateral Upper Extremities is medically necessary and appropriate for the right upper extremity only.

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.