

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/13/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	5/24/2013
Date of Injury:	4/25/2013
IMR Application Received:	6/4/2013
MAXIMUS Case Number:	CM13-0000559

- 1) MAXIMUS Federal Services, Inc. has determined the request for **NCS of the left upper extremity is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG of the left upper extremity is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/4/2013 disputing the Utilization Review Denial dated 5/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/12/2013. 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 NCS of the left upper extremity **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for EMG of the left upper extremity **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 Neurology 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:

There is history of injury dated 4/25/13, with shooting pain and wrist swelling. Right arm symptoms have largely resolved. Pain is describes as in the left forearm and wrist, and tingling into digits 2-4. Symptoms have persisted despite physical therapy and cessation of work activity. Phalens sign was positive, tinels sign was negative. Diagnoses of wrist tenosynovitis, carpal tunnel and cervical strain have been made clinically.

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 NCS of the left upper extremity :

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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 258-262, which is part of the MTUS, and the Official Disability Guidelines (ODG), Carpal Tunnel Syndrome, Nerve conduction studies (NCS), which is not part of the MTUS.

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 261-262, Table 11-3. 11-7, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines indicate that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. The records submitted for review indicate suspected carpal tunnel, which has not responded to appropriate treatment. NCV/NCSs are indicated in this case. **The request for NCS of the left upper extremity is medically necessary and appropriate.**

2) Regarding the request for EMG of the left upper extremity :

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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 258-262, which is part of the MTUS and the ODG, Carpal Tunnel Syndrome, electromyography (EMG), which is not part of the MTUS..

The Expert Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), pages 261-262, Table 11-3. 11-7, which is part of the MTUS.

Rationale for the Decision:

The MTUS/ACOEM guidelines indicate that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The clinical records, submitted for review, indicate suspected carpal tunnel, which has not responded to appropriate treatment. The clinical notes reviewed do not indicate a significant concern about cervical radiculopathy. An EMG is not indicated unless there is suspicion of brachial plexus or cervical root injury, which is not listed as a significant part of the differential in this case. **The request for EMG of the left upper extremity 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

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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.