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**Notice of Independent Medical Review Determination**

Dated: 9/5/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/17/2013  
Date of Injury: 5/2/2013  
IMR Application Received: 6/6/2013  
MAXIMUS Case Number: CM13-CM13-0000593

- 1) MAXIMUS Federal Services, Inc. has determined the request for Electromyography and Nerve Conduction of right upper extremities **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/6/2013 disputing the Utilization Review Denial dated 5/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/16/2013. 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 Electromyography and Nerve Conduction of right upper extremities **is 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 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.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 17, 2013

"The records indicate the patient is a 60 year old male who sustained an injury on 5/2/13. A 5/9/13 report of Dr. [REDACTED] states that this individual was pushing on the landing gear and felt a pop in the right arm. This report indicates the patient points to the right wrist area. There is no indication of subjective complaints of numbness, tingling, burning or dysesthesia. The examination documents normal strength and sensation. An assessment of a right wrist sprain and carpal tunnel syndrome was made. A plan is made for a splint at night. A 5/3/13 report of Dr. [REDACTED] indicates this individual has a history of carpal tunnel syndrome diagnosed in 2007, but was never treated."

### 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:

- Request for Independent Medical Review (received 6/6/13)
- Utilization Review Determination (dated 5/17/13, 5/15/13)
- Employee medical records from [REDACTED], MD (dated 5/9/13-7/17/13)
- Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11), 258-262

- 1) **Regarding the request for Electromyography and Nerve Conduction of right upper extremities :**

Medical Treatment Guideline(s) 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), (most recent), Chapter 13, pg. 581, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11, which is part of MTUS, more relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on May 2, 2013 to the right wrist. The medical records provided for review indicate a diagnosis of right hand carpal tunnel syndrome (CTS) and right wrist sprain. The medical report of May 9, 2013 documents decreased sensation, numbness, and tingling of the right hand. Treatments have included night splinting, pain medication, and steroid injections which have not been successful in providing relief from symptoms. The request is for electromyography and nerve conductions of the right upper extremities.

MTUS ACOEM guidelines indicate electrodiagnostic studies "are recommended to assist in securing a firm diagnosis for those patients without a clear diagnosis of CTS...." The medical report from 6/19/13 indicates a potential diagnosis of radial nerve palsy verses CTS. The need for a firm diagnosis meets guideline criteria. The request for electromyography and nerve conduction of the right 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  
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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.