

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 5/18/2013
Date of Injury: 2/1/2013
IMR Application Received: 6/18/2013
MAXIMUS Case Number: CM13-0000748

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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 disputed items/services.

DOCUMENTS REVIEWED

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)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves an injured worker that has a complaint of right hand tingling and mild wrist pain that is exacerbated with typing, and relieved with rest and nocturnal splints. Her treating physician is suspicious for possible carpal tunnel syndrome. In his orders, the treating physician has requested an electromyography (EMG). It is being denied based on ACOEM guidelines. The reviewing physician does indicate that nerve conduction velocity (NCV) would be appropriate.

IMR DECISION(S) AND RATIONALE(S)

The Final Determination was based on decisions for the disputed items/services set forth below:

1. Needle electromyography to one (1) extremity with or without related paraspinal areas is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Guidelines. The Claims Administrator also cited the Official Disability Guidelines, which is not part of the MTUS.

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

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that electrodiagnostic testing (NCV and EMG) are appropriate for the evaluation of subacute and chronic carpal tunnel symptoms. Once the nerve conduction velocity (NCV) is done, electromyography (EMG) may be appropriate and is best determined by the electromyographer. The medical records provided for review indicate that the employee's symptoms, and the improvement with rest and splinting, all indicate median nerve

compression in the carpal tunnel, which may be in addition to a wrist strain. Given the length of time that the employee has had continued symptoms, and a possible change in the treatment and work environment, and depending on the findings, the NCV testing is medically necessary based on guideline criteria. **The request for needle electromyography to one (1) extremity with or without related paraspinal areas is not medically necessary and appropriate.**

/sh

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.



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