

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

Dated: 5/24/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Electromyography/Nerve Conduction studies of the right upper extremity requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/21/2013 disputing the Utilization Review Denial dated 3/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/16/2013. 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 Electromyography/Nerve Conduction studies of the right upper extremity requested **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 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 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 March 9, 2013.

"This is a 52-year old female whose original date of industrial injury is 02/07/2013. This employee has been complaining of right wrist pain secondary to cumulative trauma from computer use. She has been followed by Dr. [REDACTED] who had examined the employee and felt that she had positive Tinels and Phalen's signs of the right wrist. Her primary symptoms were right wrist pain. She has completed only 3 of 6 scheduled physical therapy sessions to date and Dr. [REDACTED] wanted to proceed with electrodiagnostic studies of the right upper extremity. The request is for Electromyography/Nerve Conduction studies of the right upper extremity."

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
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, Pg 271-273

- Pre-Authorization by [REDACTED] (dated 3/7/2013)
- Doctor's First Report of Occupational Injury or Illness (dated 2/7/2013 and 4/1/2013)
- Primary Treating Physicians Progress Report (dated 2/15/2013 thru 4/30/2013)
- Employee's Medical Records by [REDACTED] (dated 2/15/2013 thru 5/13/2013)

1) Regarding the request for Electromyography/Nerve Conduction studies of the right upper extremity :

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), 2nd Edition, (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, Pg 271-273, 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.

Rationale for the Decision:

The employee's original date of industrial injury is 02/07/2013. This employee has been experiencing right wrist pain, secondary to cumulative trauma from computer use. At the time of the Utilization Review Denial, the employee was not experiencing paresthesias, only pain and impression was tenosynovitis. Medical records provided that post-date the Utilization Review denial reflect physical examination with preserved strength and altered sensation in a pattern that would fit carpal tunnel syndrome. Electromyography (EMG)/nerve conduction studies are effective in evaluating neuropathic conditions for example, carpal tunnel syndrome. The identification of carpal tunnel syndrome would alter treatment. EMG and nerve conduction studies are warranted, and are supported by American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg 271-273. Therefore, the request for Electromyography/Nerve Conduction studies of the right upper extremity 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

/ldh

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.