
Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/12/2013
Date of Injury: 9/6/2011
IMR Application Received: 8/2/2013
MAXIMUS Case Number: CM13-0007792

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 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 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

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 patient was injured when lifting a pallet. The initial reported diagnosis is a left groin strain. A lower extremity electrodiagnostic study done 01/12/2012 demonstrated a left S1 radiculopathy. Digital diagnoses have included a lumbar strain, cervicothoracic radiculopathy, bilateral shoulder impingement, possible left cubital tunnel syndrome, and depression/anxiety/sleep difficulties. The initial denial in this case regarding upper extremity electrodiagnostic studies stated that there was no available clinical information about current symptoms or current exam or prior treatment, and for that reason the request was noncertified. A prescription for electrodiagnostic testing 08/28/2012 requested electrodiagnostic studies of both upper extremities and both lower extremities. No specific diagnosis is reported. On 10/09/2012, an electrodiagnostic study was performed of the upper and lower extremities. The history states that the purpose of the study was to determine the presence of a cervical and/or lumbosacral radiculopathy or compressive neuropathy in the upper or lower extremities in a patient with ongoing symptoms.

IMR DECISION(S) AND RATIONALE(S)

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

- 1. EMG/NCS for bilateral upper extremities is not medically necessary and appropriate.**

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

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8) page 178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM Guidelines state, "Electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both lasting more than 3 or 4 weeks." Implicit in this guideline is the notion that a neurological history, physical examination, and a differential diagnosis are required in order to guide the electromyographer in selecting the appropriate test to be performed and in interpreting the results. The absence of a differential diagnosis could result in false positive findings or false negatives if the optimum electrodiagnostic tests are selected. The treating physician notes in the medical records provided for review that the electrodiagnostic report in this case does not report a specific neurological history and differential diagnosis. In this situation, the guidelines would not support the requested electrodiagnostic study. **The request for EMG/NCS for bilateral upper extremities is not medically necessary and appropriate.**

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.

[REDACTED]
[REDACTED]
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