

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



---

**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/24/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/1/2013  
Date of Injury: 12/5/2002  
IMR Application Received: 8/9/2013  
MAXIMUS Case Number: CM13-0009474

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 Internal 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 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:

The patient is a 74-year-old female who reported an injury on 12/05/2002. She was noted to have a diagnosis of bilateral carpal tunnel syndrome. The patient has had symptoms of bilateral hand pain and numbness. The physical exam findings included decreased sensation in the median nerve distribution of the left hand, positive Tinel's sign on the left, and positive Phalen's test bilaterally. The treatment plan included physical therapy and bilateral wrist braces. She had a physical therapy evaluation on 07/18/2013 with a plan for 3 visits per week for 4 weeks.

## IMR DECISION(S) AND RATIONALE(S)

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

### **1. One (1) NCV/EMG of the upper bilateral extremities is not medically necessary and appropriate.**

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) pgs 258-262, which is part of the MTUS. The other guidelines referenced were the Official Disability Guidelines, (ODG), Chapter on Carpal Tunnel Syndrome, Electromyography, (EMG), which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Guidelines indicate that for most patients presenting with true hand and wrist problems, special studies are not needed until a 4-6 week period of conservative care and observation has occurred. It is also noted that in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4-6 weeks, electrical studies may be indicated and appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The recommended tests are nerve conduction velocity studies, with electromyography only in the more difficult cases. Furthermore, Official Disability Guidelines indicates that electromyography is recommended only in cases where the diagnosis is not clear after nerve conduction studies. In this case, the employee has subjective and objective findings consistent with bilateral carpal tunnel syndrome; however, the documentation submitted does not provide evidence of failure of 4-6 weeks of conservative care to meet guideline indications. **The request for One (1) NCV/EMG of the upper bilateral extremities is not medically necessary and appropriate.**

/pas

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]

CM13-0009474