
Notice of Independent Medical Review Determination

Dated: 8/20/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

3/12/2013

1/29/2013

4/5/2013

CM13-0000137

- 1) MAXIMUS Federal Services, Inc. has determined the request for EMG/NCV studies of the bilateral upper extremities **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/5/2013 disputing the Utilization Review Denial dated 3/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. 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 EMG/NCV studies of the bilateral 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 Physical Medicine and 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 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 6, 2013;

“The patient is a 30-year-old female who sustained injuries to both hands and wrists due to repetitive motion on 1/29/2013. Current assessments are ganglion cyst, carpal tunnel syndrome, and status post excision of the ganglion (date not stated). A request was made for EMG/NCV. The only medical report submitted was a 4130/13 visit note. According to this report, the patient complained of pain at the dorsal aspect of the radial aspect of the left wrist and at its volar aspect. Current treatments include unspecified medications, splinting, and restrictions of duties. The patient states that she is slowly improving. The request was made to confirm carpal tunnel syndrome. However, there was no neurologic examination provided that would show any evidence of peripheral neuropathy or carpal tunnel syndrome that would benefit from confirmation through an NCV. In addition, guidelines indicate that EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. Furthermore, there were no noted plans for possible surgical intervention for the diagnosis of carpal tunnel syndrome to warrant the requested study. The medical necessity of the request is not established.”

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 by [REDACTED] (dated 3/12/13 & 5/6/13)
- Employee's Medical Records by [REDACTED], MD (dated 3/4/13 thru 5/6/13)

- Employee's Medical Records by [REDACTED], MD (dated 2/12/13 thru 4/30/13)
- Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Special Studies and Diagnostic and Treatment Considerations

1) Regarding the request for EMG/NCV studies of the bilateral 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 Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Special Studies and Diagnostic and Treatment Considerations. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 1/29/13 to both hands and wrists due to repetitive motion. The employee was diagnosed with ganglion cyst, carpal tunnel syndrome, and is status post excision of the ganglion. Current treatments include medication, splinting and restriction of duties. The request is for EMG/NCV studies of the bilateral upper extremities.

ACOEM guidelines state "appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS." Medical records submitted and reviewed show documentation of worsening numbness of the left hand in the median nerve distribution. There is also a positive Tinel's, Durkan's, and Phalen's maneuver in the left upper extremity. ACOEM guidelines state special studies are not needed until 4-6 weeks of conservative care and observation have been completed. The employee's date of injury is more than 6 months ago. Given the clinical symptoms and signs, as well as the length of time since the injury, the request for EMG/NCV studies of the bilateral 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
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.