

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for Electromyography and Nerve Conduction Velocity study of the bilateral upper extremities **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/28/2013 disputing the Utilization Review Denial dated 6/18/2013. A Notice of Assignment and Request for Information was provided to the above parties on 6/28/2013. 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 Electromyography and Nerve Conduction Velocity study of the bilateral upper extremities **is not 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 June 18, 2013.

“The patient is a 25-year-old male carpenter who injured his right pinky finger. The patient is status post ORIF comminuted complex right small finger proximal phalanx fracture on 03/07/2013. The patient was seen for follow-up on 06/10/2013 for right hand pain. He has been going to physical therapy but he feels that he is not having much improvement. He noted that the therapist has been massaging the hand but it is painful. He stated that the therapy has helped with some range of motion. He stated that he is able to make a better fist though this is painful at the surgical site; He still has the flexion contracture in the pinky finger. He stated that the pain has not changed and it wakes him up in the middle of the night. He also reported numbness and tingling in the right arm along the ulnar aspect from the pinky to the elbow. The numbness and tingling started 20 days ago and will come and go. The pain increases with activity. Examination showed that the right fifth digit is flexed at the PIP joint and the patient is unable to extend this finger. There is positive Tinel's at the right elbow with radiation of tingling and pain into the right hand. Based on the clinical information provided, the request for Electromyography and Nerve Conduction Velocity Studies of the Bilateral Upper Extremities is not recommended as medically necessary; however, partial certification of electrodiagnostic testing of the right upper extremity is indicated. The patient has developed numbness and tingling in the right arm from the hand to the elbow in an ulnar distribution, and Tinel's is positive at the right elbow. EMG/NCV of the right upper extremity is recommended for further evaluation, but there is no need for testing of the asymptomatic left 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 by [REDACTED] (dated 6/18/13)
- Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11) pgs 258-262

1) Regarding the request for Electromyography and Nerve Conduction Velocity (EMG/NCV) study 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), Chapter 11) pgs 258-262 which is part of the California Medical Treatment Utilization Schedule. 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 fractured the right pinky finger on 2/25/13 and had surgery to repair the fracture on 03/07/2013. The employee's treatment to date has included physical therapy sessions, but the employee has continued to experience numbness and tingling in the right arm along the ulnar aspect from the pinky to the elbow. A request was submitted for an EMG/NCV of bilateral upper extremities. The claims administrator certified an EMG/NCV of the right upper extremity only. The issue at dispute is whether the EMG/NCV of the left upper extremity is medically necessary and appropriate.

Documentation showed the employee is unable to extend the right pinky finger. There is positive Tinel's at the right elbow with radiation of tingling and pain into the right hand. The medical records received and reviewed do not show any symptoms affecting the left upper extremity. The requested EMG/NCV would primarily evaluate ulnar neuropathy. To establish this diagnosis, comparative testing of an affected side to an unaffected side is not necessary. The request for Electromyography and Nerve Conduction Velocity study of the bilateral upper extremities is not 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
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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.