

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**Notice of Independent Medical Review Determination.**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the electromyography (EMG) of right upper extremity requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the nerve conduction velocity (NCV) of upper left extremity requested **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/20/13 disputing the Utilization Review Denial dated 3/11/13. A Notice of Assignment and Request for Information was provided to the above parties on 4/10/13. 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 (EMG) of right upper extremity requested **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the nerve conduction velocity (NCV) of upper left 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 Psychiatry 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 11, 2013

“For the purpose of this review, the bilateral hands/wrists/forearms will be addressed. Diagnosis: 354.0-Carpel Tunnel Syndrome, 726.31-Medial epicondylitis. The patient is a 55 year-old male patient s/p injury 2/7/13.

“Discussion: This request is for a 2/7/13 injury. There is pain from (R) elbow to forearm and (R) hand; (L) hand dysesthesia. Dermatomal distribution is not documented. Impairment of ADL is described. Exam shows reduced (R) hand grip. Treatment has included non-steroidal anti-inflammatory drug (NSAID), stretching and wrist braces.

“Diagnosis: Ulnar entrapment syndrome vs. CTS. There is guideline support for electrodiagnostic testing if symptoms persist following a period of conservative treatment however EMG is not generally necessary in the absence of symptoms related to radiculopathy according to guides. Thus only NCS of the (R) upper extremity is medically necessary. Per the 3/4/13 Internal Medicine report:

“Subjective: Patient seen for follow-up. He has done his stretching exercises, done the Voltaren gel for two weeks and has worn wrist splints to help with the carpal tunnel part

of it. None of it is helping. His (R) arm especially is as painful as it was before. He does say that instead of a 10/10 at night it's down to 7/10 and he can at least get a little bit of sleep. Again, most of the pain is at the (R) elbow radiating down the (R) forearm to the (R) hand. (L) hand has dysesthesia. At work he has modified his job on his own. He is doing a lot more verbal dictation and not writing as much. His ergonomic evaluation is 3/6/13. But he has been off for three days and it's made no difference whether he is at work or not. He has now started to get more agitated (he laughs as he says this) because this (R) arm is really affecting his personal life. He can't golf, he can't fish, he can't do his usual activities that he associates with down time because of the (R) forearm and hand pain and weakness. He can't open a beer bottle, can't open a water bottle, can't cut his food to eat very well. His wife wants to know if he can use Fizio tape. She is a State Comp employee. She says that other patients that she reads in her notes use Fizio tape and she wonders if he is a candidate for that.

“Objective: On examination, he is alert and oriented. He continues to have passive and active range of motion that's normal at the elbows, wrists. In comparison to last February 11 visit and now, his had grasp strength in the (R) hand is much less than it was on the (L) before. I am not really finding Tinel's or Phalen's again. There is no redness, heat or swelling. Pain with pronation of the forearm is now present where it wasn't before.

“Diagnosis: 354.0-Carpal Tunnel Syndrome, 726.31-Medial epicondylitis.

“Plan: Follow through with nerve conduction and EMG and referral for possible surgery. Follow through with the work station evaluation. At this time continue to work in his self-modified duties. Per 3/4/13 Request form: Need authorization for an EMG & NCV. Need authorization for a consult: Orthopedic. Per the 3/4/13 Referral form: Requested service: EMG (R) upper extremity, NCV (L) upper extremity, (R) upper extremity. Ulnar entrapment syndrome vs. CTS.

“Diagnosis or symptoms: Pain at (R) elbow down to forearm with (R) hand weakness. Both hands weak with [illegible].

“Chief complaint: (R) medial elbow pain, bilateral hand pain.

“Subjective: For the past three months he has noticed a gradual numbness and tingling in the (R) medial elbow that has spread in a burning uncomfortable sensation down the ventral forearm to the palm of the hand, into the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> fingers of the (R) hand. Both hands have numbness and tingling. The (R) elbow pain with radiation is a 10/10, especially at night and the (L) hand is a 3/10. He is finding that both hands are getting weaker. Pain management is over the counter Advil. At night to sleep he is using 2 Advil PM or Tylenol PM. His main problem has been the night time pain. He has not been able to sleep at night for several weeks now. He did take off from work last Friday and was off Saturday, Sunday and is here to see me today. He finds that not working the last 3-4 days has improved his pain so that he can at least sleep 3-4 hours at a time.

“Objective: On examination, full range of motion at the elbow, wrist and hand flexion and extension on both arms. He has intact strength when I have him do two finger hand grasp strength. Pain is with supination of the (R) forearm. Pain is at the medial elbow. Flexion and extension at the wrist also brings on the pain when I do it against pressure. Tinel's negative, Phalen's negative. There is no active tenosynovitis of the wrist, hands, fingers.

“Assessment: Ulnar nerve entrapment. Medial epicondylitis.

“Plan: I find that the carpal tunnel is mostly pretty mild in him. He has been wearing a cock up wrist splint for the last two weeks on his own. He could continue to do that. With regard to his (R) elbow, he needs to take his (R) elbow off the desk top and also off the median divider in the truck when he is driving. I have recommended ergonomic evaluation on the job to see if there is a way he can continue to work that lifts that elbow off the desk. Pain relief is offered in the form of Voltaren to bid to the (R) medial elbow. Stretching exercises were printed up and given to the patient. I will see him in two weeks in follow up.”

### **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 Determination by [REDACTED] (dated 3/11/13)
- Employee’s Medical Records by [REDACTED] (dated 2/13/13 through 4/2/13)
- Employee’s Medical Records by [REDACTED] (dated 3/4/13 through 4/10/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition (2004) – Chapter 11 (Page 269), Tables 10-1, 10-3, 10-6, 11-1, 11-4, 11-7
- Official Disability Guidelines (ODG) (2009) – Neck Section (NCV Subsection and EMG Subsection), Carpal Tunnel Section

### **1) Regarding the request for electromyography (EMG) of 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) (2004) – Chapter 11 (Page 269), Tables 10-1, 10-3, 10-6, 11-1, 11-4, 11-7 of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (2009) - Neck Section (NCV Subsection and EMG Subsection), Carpal Tunnel Section. 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

On 2/7/13 the employee reported pain extending from the right elbow to the forearm and right hand. An exam showed reduced right hand grip. On 4/2/13 nerve conduction velocity (NCV) studies were performed on the right upper

extremities. Results of this study suggest moderate-severe right carpal tunnel syndrome (CTS) and borderline ulnar nerve damage. The Official Disability Guidelines (ODG), carpal tunnel section, recommend NCV studies for patients with clinical signs of CTS, but the addition of electromyography (EMG) is not generally necessary. The addition of EMG will not supply any further clinical information. Therefore, the electromyography (EMG) of right upper extremity **is not medically necessary and appropriate**.

**2) Regarding the request for nerve conduction velocity (NCV) of upper left 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), 2<sup>nd</sup> Edition (2004) – Chapter 11 (Page 269), Tables 10-1, 10-3, 10-6, 11-1, 11-4, 11-7, of the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) (2009) - Neck Section (NCV Subsection and EMG Subsection), Carpal Tunnel Section. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the guidelines adopted by the administrative director pursuant to Section 5307.27 (Medical Treatment Utilization Schedule) were inapplicable to the employee's medical condition and requested treatment/service. No other nationally recognized medical treatment guidelines were applicable to the employee's medical condition and requested treatment/service. No nationally-recognized professional standards were applicable to the employee's medical condition and requested treatment/service. No expert opinion found in a nationally recognized, peer-reviewed medical journal was found that was applicable to the employee's medical condition and requested treatment/service. The Expert Reviewer based his/her decision based on his/her years of experience and knowledge as to the generally accepted standards of medical practice for the employee's medical condition and requested treatment/service.

Rationale for the Decision

On 2/7/13 the employee was evaluated for bilateral upper extremity symptoms. The more symptomatic right side, was evaluated on 4/2/13 with nerve conduction velocity (NCV) studies. Results of this study were consistent with moderate-severe right carpal tunnel syndrome (CTS) and borderline ulnar nerve damage.

The treating provider requested bilateral NCV studies. The MTUS does not address testing the contralateral limb in the presence of documented hand dysesthesia in that limb. There are no guidelines for or against checking the opposing left arm median nerve conduction when carpal tunnel syndrome (CTS) is diagnosed in the opposite extremity. Published studies have demonstrated

positive findings in the contralateral limb of approximately 65% of persons without any contralateral symptoms. Based on my years of experience and knowledge as to the generally accepted standards of medical practice for the employee's medical condition and requested treatment/service, the presence of CTS in the right upper extremity warrants NCV studies in the left upper extremity. Included in the basis as to my conclusion that such testing is the generally accepted standard of medical practice is having been authorized to perform bilateral testing if the requested side is abnormal within the Workers' Compensation system. Therefore, NCV of upper left 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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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.