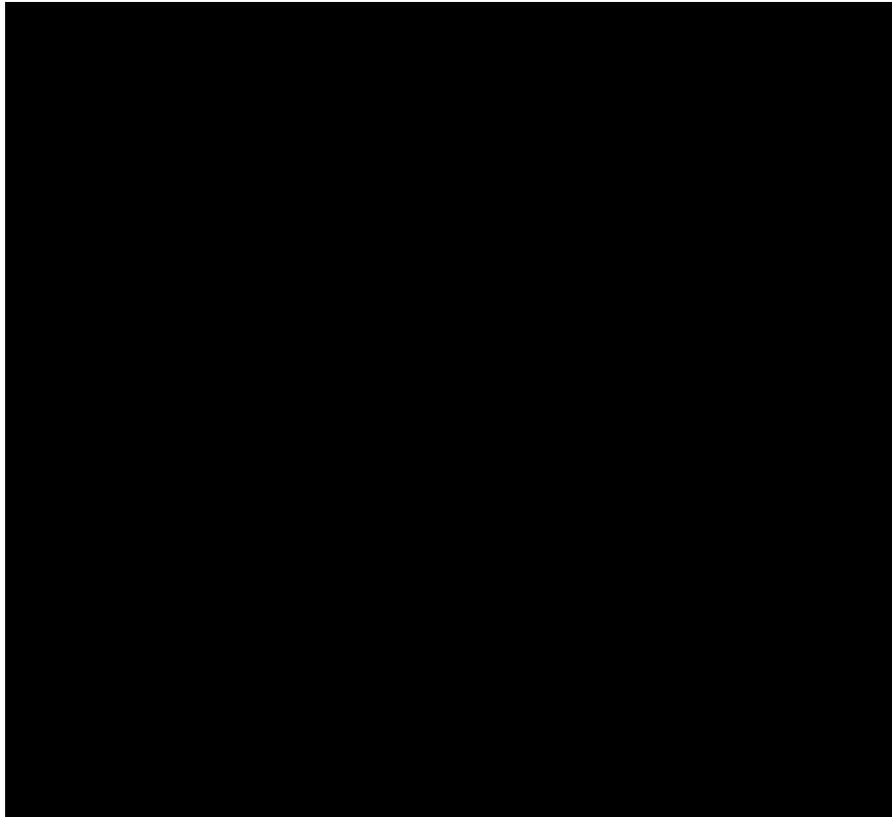


MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
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(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination.



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

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/25/2013 disputing the Utilization Review Denial dated 3/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/23/2013. 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 electromyography and nerve conduction of the upper left extremity requested is not 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 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 12, 2013.

“This patient sustained an injury on 1/25/2013. The mechanism of injury occurred when the patient was pulling down a door and felt a sharp pain in the shoulder. Subsequently, the patient had been diagnosed with brachial neuritis or radiculitis, not otherwise specified. Physical exam of the left shoulder noted tenderness of the left acromioclavicular joint. Tenderness was noted in the left trapezius muscles and left subacromial region. Tenderness was noted in the left biceps tendon and rotator cuff. Drop arm sign for rotator cuff integrity was noted to be positive. Range of motion in the left shoulder was noted to be restricted at flexion 60 degrees, extension 25 degrees, internal rotation 90 degrees, external rotation 40 degrees, abduction 65 degrees, and adduction 35 degrees. Muscle strength was noted to be 4/5 in all muscle groups, of the left upper extremity. An impingement was noted to be 4/4. Sensation was noted to be intact to light touch and pinprick. An MRI of the left upper extremity without contrast, report date 2/7/13, suggested a normal exam. Per a clinical note dated 2/28/13, physical exam noted tenderness to palpation along the left lateral neck, trapezius, and scalene muscles in the area of the brachial plexus. Range of motion was noted to be limited with rotation, both to the left and the right of the neck, at 30 degrees. Forward flexion was noted to be 45 degrees and extension 20 degrees. A Spurling’s test was noted to be negative. Physical exam of the left shoulder noted range of motion to be limited by pain,

but was also noted to be improved. Range of motion was noted as 40 degrees of extension and 140 degrees of flexion. An impingement test, Hawkin's test, cross-arm adduction test, and apprehension sign were all noted to be negative. The patient was noted to be neurovascularly intact with normal sensation in the upper and lower parts of the arms, as well as both hands. Sensation was noted to be intact to light touch and pinprick in all dermatomes of the bilateral upper extremities. 2-point discrimination was noted to be within normal limits. Motor strength was noted to be 5/5 in all upper extremity muscle groups, and tendon reflexes in the biceps, triceps, and brachioradialis were noted to be 2 plus. Phalen's, Tinel's and Finklestein's test were all noted to be negative bilaterally."

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 an Independent Medical Review dated 3/25/2013
- Utilization Review Determination dated 3/12/2013 provided by [REDACTED]
- Medical Records from [REDACTED] dated from 1/25/2013 through 4/11/2013
- American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition, 2004 – Chapter 11, pages 268-269

1) Regarding the Request for electromyography and nerve conduction of the 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) Guidelines, 2nd Edition, (2004), Chapter 11 (Forearm, Wrist, and Hand Complaints), Pages 268-269, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the use of ACOEM relevant and appropriate for the employee's clinical circumstance; in addition, the Professional Reviewer referenced Chapter 9 (Shoulder Complaints), Pages 212-213.

Rationale for the Decision

The treating provider's impression of the clinical condition was neuritis or radiculitis not otherwise specified. The patient had an acute injury. The medical records do not show evidence of neurologic signs to support the impression and differential diagnosis provided. The accuracy of electrodiagnostic testing is dependent upon the pre-test probability of abnormality, which itself is a function of mechanism of injury and physical signs. Given the absence of physical signs and the acuteness of injury, the requested electromyography and nerve conduction of the upper left extremity 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
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dj

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.