

**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]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 8/2/2013  
Date of Injury: 5/12/2010  
IMR Application Received: 8/14/2013  
MAXIMUS Case Number: CM13-0010481

Dear Mr./Ms. [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 PM&R, 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:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### 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 underlying date of injury in this case is 05/12/2010. This patient is a 46-year-old man whose diagnosis is right hand tenderness. Past treatment has included physical therapy, medications, and activity modification. As of 08/13/2010, the patient improved, his hand was better, and his physical exam was unremarkable. The patient was released to full-duty work.

A functional capacity evaluation was conducted at the employer's request in July 2013, but the report was not available as of the time of an initial physician review.

The initial physician review in this case of 08/02/2013 recommended non-certification of nerve conduction velocity and electromyography testing with the rationale that the patient had not undergone any recent conservative treatment and that since prior conservative treatment in 2010 resulted in resolution of symptoms and return to work, such treatment would have been indicated before proceeding to electrodiagnostic study. That initial review also indicated that a functional capacity evaluation had been conducted in July 2013 and therefore a repeat functional capacity evaluation would be duplicative.

The treating physician's office note of 07/25/2013 reports decreased sensation and muscle weakness in the right wrist and hand without specifying this further anatomically. The patient was noted to have a positive Phalen's test. The patient was diagnosed with a right wrist/hand sprain/strain and right wrist internal derangement. Multimodal physical therapy was recommended for the patient including active and passive modalities. Electrodiagnostic testing was also recommended given diminished sensation in the right hand.

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

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

### **1. EMG for the bilateral upper extremities is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, page 261, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM guidelines, chapter 8/neck, page 178, states, "*Electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks.*" Implicit in this guidelines is that the medical records should document neurological history, neurological physical exam, and neurological differential diagnoses to guide the electromyographer and to help avoid false positive or false negative interpretations of electrodiagnostic study. At this time the motor and sensory findings on neurological examination were nonspecific, and there was no specific neurological diagnosis reported. Therefore, the request for electrodiagnostic studies is not supported by the records and the guidelines. This treatment is not medically necessary.

### **2. NCV for bilateral upper extremities is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, page 261, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 8) pg 178, which is part of the MTUS.

The Physician Reviewer's decision rationale:

ACOEM guidelines, chapter 8/neck, page 178, states, "*Electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks.*" Implicit in this guidelines is that the medical records should document neurological history, neurological physical exam, and neurological differential diagnoses to guide the electromyographer and to help avoid false positive or false negative interpretations of electrodiagnostic study. At this time the motor and sensory findings on neurological examination were nonspecific, and there was no specific neurological diagnosis reported. Therefore, the request for electrodiagnostic studies is not supported by the records and the guidelines. This treatment is not medically necessary.

### **3. Functional capacity evaluation (FCE) is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Guidelines, pages 137-138, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Section of Work Conditioning, page 125, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on work conditioning, page 125, discusses indications for a functional capacity evaluation. This guideline notes that criteria for admission to a work-hardening program include, "*Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level...A functional capacity evaluation may be required showing consistent results with maximum effort, demonstrating capacities below an employer verified physical demands analysis.*" In this case, a functional capacity evaluation was requested at the same time as diagnostic studies and at the same time as a multimodal physical therapy program. It is not apparent that the patient has plateaued to the extent which would be required for an indication for a functional capacity evaluation. Therefore, this request is not medically necessary.

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]

CM13-0010481