

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/10/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/14/2013
Date of Injury:	9/30/2011
IMR Application Received:	8/21/2013
MAXIMUS Case Number:	CM13-0015117

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Electromyogram and Nerve Conduction Studies (EMG/NCS) bilateral upper extremities is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG/NCS bilateral lower extremities is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. 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/NCS) bilateral upper extremities** is not **medically necessary and appropriate**.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **EMG/NCS bilateral lower 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 Orthopedic Surgery, 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.

### **Expert Reviewer Case Summary:**

This 45 year old female was injured on 03/30/2011 and has diagnoses of left lateral epicondylitis, rule out left radial tunnel syndrome, lumbar spine sprain and rule out lumbar radiculopathy, right knee chondromalacia patella and rule out medial meniscus tear, and right ankle/foot rule out internal derangement. Treatment for the left elbow has been inclusive of physical therapy in 2011, and injections with the most recent given in April of 2013. On examination there was normal cervical range of motion, Spurling and Adson's tests were negative, bilateral shoulder range of motion was normal and provocative testing of the shoulders was negative, exam of the bilateral elbow revealed normal range of motion and provocative testing was negative, range of motion in the wrists was normal, Tinel and Phalen tests were negative at the wrist, Finkelstein's and Axial grind test were negative at the wrists bilaterally, grip strength was weaker on the left (the claimant is right hand dominant), gait was nonantalgic, piriformis and Fabere tests were negative bilaterally, there was tenderness in the lumbar paraspinal musculature, Patrick's/Fabere and Trendelenburg's tests were negative, knee and ankle examinations were unremarkable, strength was graded at 5/5 in the upper and lower extremities, reflexes were brisk and symmetric in the upper and lower extremities, and sensation was intact throughout. X-rays of the left elbow, right knee, right foot and ankle, and lumbar spine were unremarkable except for a calcaneal spur in the right foot. Recommendations were made for EMG/NCV of the bilateral upper and lower extremities, MRI studies (lumbar, left elbow, right knee, right ankle/foot), and physical therapy two to three times a week for six weeks. The MRI studies were authorized however there was no documentation of the results within the available records. The electrodiagnostic studies were not authorized and the provider appealed the determination.

## **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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for EMG/NCS) bilateral upper extremities:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert 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 8, Table 8-7, and ACOEM Low Back Chapter, pg. 303 and table 12-8, which are a part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2007) Elbow Chapter and pps. 42 and 43 which is a part of the MTUS.

#### Rationale for the Decision:

A review of the available records indicates a failure to document symptoms or clinical findings consistent with a neuropathic diagnosis. Strength beyond notation of a weak grip and sensory examinations were intact, and provocative testing throughout the upper extremities was negative. CA MTUS allows for EMG/NCS in the setting of suspected cervical radiculopathy or severe nerve entrapment, none of which is documented in this case and as such the requested EMG/NCS of the bilateral upper extremities cannot be recommended. **The request for EMG/NCS) bilateral upper extremities is not medically necessary and appropriate.**

### **2) Regarding the request for EMG/NCS bilateral lower extremities:**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert 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 8, Table 8-7, and ACOEM Low Back Chapter, pg. 303 and table 12-8 both of which are a part of the MTUS.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12) pgs. 303-305, Special Studies, which is a part of the MTUS.

Rationale for the Decision:

A review of the available records fail to document symptoms or clinical findings consistent with a neuropathic diagnosis. Strength and sensory examinations were intact, and provocative testing throughout the lower extremities was negative. CA MTUS allows for EMG/NCS “to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks” and as there is nothing in the way of this documented within the available records, the requested EMG/NCS of the bilateral lower extremities cannot be recommended. **The request for EMG/NCS bilateral lower 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,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/cmol

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