MAXIMUS FEDERAL SERVICES, INC.
Independent Medical Review
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MAXIMUS Federal Services

Notice of Independent Medical Review Determination

Dated: 11/14/2013

Employee:	
Claim Number:	
Date of UR Decision:	6/17/2013
Date of Injury:	2/15/2006
IMR Application Received:	7/29/2013
MAXIMUS Case Number:	CM13-0004089

1) MAXIMUS Federal Services, Inc. has determined the request for **EMG is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **NCV is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 6/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/6/2013. 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 is not medically necessary and appropriate.**

2) MAXIMUS Federal Services, Inc. has determined the request for **NCV is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The 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.

Expert Reviewer Case Summary:

On 05/09/2013, this claimant was seen in clinic by [redacted], MD. She had complaints of right shoulder pain, right wrist pain, right knee pain, and right ankle pain at that time. She stated she was carrying a large mail basket and was walking through a door on an uneven floor jam, stepped through the door, and her heel struck the bottom of the door jam causing her to lose balance, slipping, falling, and twisting. Physical exam revealed cervical range of motion to be normal. There was a negative cervical compression test and negative foraminal vault compression test. There was no muscle spasms noted to about the cervical spine. Shoulder exam revealed range of motion to be moderately decreased on the right versus the left. There was no tenderness about the bilateral shoulder. Muscle strength testing of the upper extremities was 5/5 bilaterally. Anterior impingement test, anterior drawer test, empty can test; Hawkins test, Neer's impingement test, and O'Brien's tests were all negative bilaterally. Neurologically, she had 2+ deep tendon reflexes in both upper extremities and sensation was intact to both upper extremities. She had pain referred to the thenar eminence with tenderness over the thenar pillar of the wrist. Phalen's test was negative bilaterally, as was Tinel's test. Finkelstein's test was negative bilaterally, as was carpal compression test. She had no atrophy noted. Muscle testing in the lower extremities revealed 4/5 strength in the right quadriceps, otherwise strength was reserved. She had a 3 degrees extension lag on the right knee. Stability was considered normal to the bilateral lower extremities. Diagnoses included right shoulder strain, right knee possible osteochondral lesion, medial compartment, and right ankle strain. On 07/22/2013, [redacted], MD saw this claimant back in clinic. She continued to complain of right knee pain and right shoulder pain at that time.

Upon exam, she stood 5 feet 2 inches tall weighing 247 pounds. X-rays of the right ankle revealed chronic grade III ankle injury and instability. EMG of the bilateral upper extremities was requested to rule out carpal tunnel syndrome at that time. She had positive Tinel's and Phalen's at the right wrist. When she was seen back in clinic on 07/29/2013 by [redacted], DC, it was noted that low back pain was aggravated by prolonged supine sitting. Range of motion to the right ankle and wrist were apparently normal.

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 ESIS
- Employee medical records from Claim Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request EMG :**

<u>Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision</u>:
The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, table 11-7, Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints, Clinical Measures, which is part of the MTUS, and the Official Disability Guidelines (ODG), Chapter-Forearm, Wrist and Hand, Electromyography (EMG) and Nerve Conduction Studies, (NCS), Chapter-Carpal Tunnel Syndrome, Nerve conduction studies (NCS) and Electrodiagnostic studies, (EDS), which is not part of the MTUS.

The Expert Reviewer based his/her decision on Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Special Studies and Diagnostic and Treatment Considerations, pages 177-179, and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Special Studies and Diagnostic and Treatment Considerations, pages 268-269, which is part of the MTUS.

Rationale for the Decision:

The most recent clinical note dated 07/19/2013 fails to indicate that the employee has had any significant issues that would document a medical necessity for this procedure. An examination dated 07/22/2013 reveals a positive Tinel's and positive Phalen's to the right wrist. The ACOEM Guidelines, Neck Chapter indicates electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks.

The ACOEM Guidelines, Forearm, Wrist and Hand Chapter goes further indicating for most patients presenting with true hand and wrist problems, special studies are not needed until after 4-6 weeks period of conservative care and observation. The most recent records failed to demonstrate that the employee has been given care specific to the right wrist that could be attributable to carpal tunnel syndrome and therefore, a rationale for proceeding with this study at this time has not been demonstrated by the records. Previous utilization review determination dated 06/17/2013 stated the requested services for patients with clinical signs of carpal tunnel syndrome stated that although the records document clinical findings in support of the diagnosis, the EMG is recommended only in cases where diagnosis is difficult to obtain. The employee does have a documented positive Tinel's and positive Phalen's on her clinical exam and a diagnosis had been made. Therefore, a sufficient rationale for proceeding with this procedure at this time has not been demonstrated by the records and is not supported by guidelines. **The request for an EMG is not medically necessary and appropriate.**

2) **Regarding the request for NCV**:

Medical Treatment Guideline(s) 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), 2nd Edition, Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, table 11-7, Summary of Recommendations for Evaluating and Managing Forearm, Wrist, and Hand Complaints, Clinical Measures, which is part of the MTUS, and the Official Disability Guidelines (ODG), Chapter-Forearm, Wrist and Hand, Electromyography (EMG) and Nerve Conduction Studies, (NCS), Chapter-Carpal Tunnel Syndrome, Nerve conduction studies (NCS) and Electrodiagnostic studies, (EDS), which is not part of the MTUS.

The Expert Reviewer based his/her decision on Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), Special Studies and Diagnostic and Treatment Considerations, pages 177-179, and Forearm, Wrist, and Hand Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11), Special Studies and Diagnostic and Treatment Considerations, pages 268-269, which is part of the MTUS.

Rationale for the Decision:

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The ACOEM Guidelines, Forearm, Wrist and Hand Chapter goes further indicating for most patients presenting with true hand and wrist problems, special studies are not needed until after 4-6 weeks period of conservative care and observation. The most recent records failed to demonstrate that the employee has been given care specific to the right wrist that could be attributable to carpal tunnel syndrome and therefore, a rationale for proceeding with this study at this time has not been demonstrated by the records. Previous utilization review determination dated 06/17/2013 stated the requested services for patients with clinical signs of carpal tunnel syndrome stated that although the records document clinical findings in support of the diagnosis, the EMG is recommended only in cases where diagnosis is difficult to obtain. The employee does have a documented positive Tinel's and positive Phalen's on her clinical exam and a diagnosis had been made. Therefore, a sufficient rationale for proceeding with this procedure at this time has not been demonstrated by the records and is not supported by guidelines. **The request for an NCV 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, 18th Floor
Oakland, CA 94612

/sce

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.