

**MAXIMUS FEDERAL SERVICES, INC.**

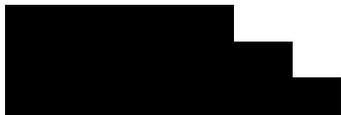
Independent Medical Review  
P.O. Box 138009  
Sacramento, CA 95813-8009  
(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination**

Dated: 11/13/2013



Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	3/19/2010
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005093

- 1) MAXIMUS Federal Services, Inc. has determined the request for **EMG - left upper extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV - left upper extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCV - right upper extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG - right upper extremity is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. 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 - left upper extremity is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **NCV - left upper extremity is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **NCV - right upper extremity is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for **EMG - right upper extremity 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 Neurology, has a subspecialty in headache 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:**

The patient is a 49 year old man with history of injury in a MVA 3/19/10. There are complaints of neck and right shoulder pain. Shoulder range of motion is reduced. There have been prior physical therapy treatments. There was weakness in the triceps, and positive Spurling test, but EMG/NCV in 10/2012 was normal. Prior treatments including epidural injections and root blocks in 10/12, and arthroscopic rotator cuff debridement. EMG done 7/12/13 was normal. NCVs showed mild left carpal tunnel syndrome and mild ulnar neuropathy at the elbow.

### **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 - left upper extremity:

### 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), Neck and Upper Back Complaints, Chapter 8, and Shoulder Complaints, Chapter 9, which are 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, (2004), Chapter 11 - Forearm, Wrist and Hand complaints and pages 261-262, Table 11-7; Chapter 8- Neck and Upper Back Complaints, page 178-179, which are part of the MTUS.

### Rationale for the Decision:

The employee has had history of persistent neck and shoulder pain, with negative prior EMG/NCVs. ACOEM guidelines state that for workers with activity limitations due to neck or upper back symptoms that are not improving over 4-6 weeks, with neurologic symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, EMG is indicated. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.

The employee has chronic pain with previously negative testing. Exam findings have indicated shoulder pathology, and have not been indicative of conditions such as carpal tunnel syndrome, and there has been no indication of progressive worsening such that prior negative electrodiagnostic testing would not be sufficient. **The request for EMG - left upper extremity is not medically necessary and appropriate.**

## 2) Regarding the request for NCV - left upper extremity:

### 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), Neck and Upper Back Complaints, Chapter 8, and Shoulder Complaints, Chapter 9, which are 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, (2004) Chapter 11 - Forearm, Wrist and Hand complaints and pages 261-262, Table 11-7; Chapter 8- Neck and Upper Back Complaints, page 178-179, which are part of the MTUS.

Rationale for the Decision:

The employee has had history of persistent neck and shoulder pain, with negative prior EMG/NCVs. ACOEM guidelines state that for workers with activity limitations due to neck or upper back symptoms that are not improving over 4-6 weeks, with neurologic symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, EMG is indicated. when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.

The employee has chronic pain with previously negative testing. Exam findings have indicated shoulder pathology, and have not been indicative of conditions such as carpal tunnel syndrome, and there has been no indication of progressive worsening such that prior negative electrodiagnostic testing would not be sufficient. **The request for NCV - left upper extremity is not medically necessary and appropriate.**

**3) Regarding the request for NCV - right upper extremity:**

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), Neck and Upper Back Complaints, Chapter 8, and Shoulder Complaints, Chapter 9, which are 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, (2004) Chapter 11 - Forearm, Wrist and Hand complaints and pages 261-262, Table 11-7; Chapter 8- Neck and Upper Back Complaints, page 178-179, which are part of the MTUS.

Rationale for the Decision:

The employee has had history of persistent neck and shoulder pain, with negative prior EMG/NCVs. ACOEM guidelines state that for workers with activity limitations due to neck or upper back symptoms that are not improving over 4-6 weeks, with neurologic symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, EMG is indicated. when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.

The employee has chronic pain with previously negative testing. Exam findings Exam findings have indicated shoulder pathology, and have not been indicative of conditions such as carpal tunnel syndrome, and there has been no indication of progressive worsening such that prior negative electrodiagnostic testing would not be sufficient. **the request for NCV - right upper extremity is not medically necessary and appropriate.**

#### 4) Regarding the request for EMG - right upper extremity:

##### 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), Neck and Upper Back Complaints, Chapter 8, and Shoulder Complaints, Chapter 9, which are 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, (2004) Chapter 11 - Forearm, Wrist and Hand complaints and pages 261-262, Table 11-7; Chapter 8- Neck and Upper Back Complaints, page 178-179, which are part of the MTUS.

##### Rationale for the Decision:

The employee has had history of persistent neck and shoulder pain, with negative prior EMG/NCVs. ACOEM guidelines state that for workers with activity limitations due to neck or upper back symptoms that are not improving over 4-6 weeks, with neurologic symptoms in the arms, and without obvious signs of nerve root dysfunction in the arm, EMG is indicated. when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.

The employee has chronic pain with previously negative testing. Exam findings have indicated shoulder pathology, and have not been indicative of conditions such as carpal tunnel syndrome, and there has been no indication of progressive worsening such that prior negative electrodiagnostic testing would not be sufficient. **The request for EMG - right upper 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,

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

/ldh

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.