

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
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**Independent Medical Review Final Determination Letter**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dated: 12/18/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/16/2013  
Date of Injury: 2/9/2006  
IMR Application Received: 8/5/2013  
MAXIMUS Case Number: CM13-0006098

DEAR [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 orthopedic surgery has a subspecialty in hand surgery and is licensed to practice in Texas. 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:

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

### 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 patient is a 63-year-old female with date of injury reported as 02/09/2006. There was no mechanism of injury or clinical documentation submitted for review. Electromyography (EMG)/nerve conduction velocity (NCV) performed on 07/31/2013 showed moderate bilateral focal median neuropathy at the wrists with evidence of focal demyelination of motor and sensory axons within the carpal tunnels. There was weak evidence of sensory axon conduction loss on the right side only. There was also evidence of chronic denervation/re-innervation in the distal thenar musculature but no evidence of active neuropathic changes in the thenar musculature at that present time. The findings confirmed the referring diagnosis of carpal tunnel syndrome.

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

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

#### **1. Electromyography (EMG) of the left upper extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS: Forearm, Wrist, and Hand Complaints. ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition (2004), pages 271-273, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) pgs 258-262, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM guidelines indicate that if tests are initially negative, they may be repeated later in the course of treatment if symptoms persist. The guidelines recommend EMG/NCV

studies to assist in the differentiation between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The medical records provided for review indicate that the employee is noted to have undergone an EMG/NCV study of the bilateral upper extremities on 07/31/2013. The study confirmed the clinical findings indicative of carpal tunnel syndrome. The medical records also indicate that the employee has had prior bilateral carpal tunnel release surgery with the most recent surgery being on the left side in 02/2013. Since the employee has already undergone the said study, there is no clinical documentation submitted for review to support the need for a repeat study. **The request for electromyography (EMG) of the left upper extremity is not medically necessary and appropriate.**

## **2. Electromyography (EMG) of the right upper extremity is not medically necessary and appropriate.**

The Claims Administrator based its decision on the CA MTUS: Forearm, Wrist, and Hand Complaints. ACOEM Occupational Medicine Practice Guidelines, 2<sup>nd</sup> Edition (2004), pages 271-273, which is part of the MTUS. The Claims Administrator also based its decision on the Official Disability Guidelines (ODG), which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Forearm, Wrist, and Hand Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 11) pgs 258-262, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS/ACOEM Guidelines indicate that if tests are initially negative, they may be repeated later in the course of treatment if symptoms persist. The guidelines recommend EMG/NCV studies to assist in the differentiation between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. The medical records provided for review indicate that the employee is noted to have undergone an EMG/NCV study of the bilateral upper extremities on 07/31/2013. The study confirmed the clinical findings indicative of carpal tunnel syndrome. The guidelines also indicate that the employee has had prior bilateral carpal tunnel release surgery with the most recent surgery being on the left side in 02/2013. Since the employee has already undergone said study, there is no clinical documentation submitted for review to support the need for a repeat study. **The request for Electromyography (EMG) of the right upper extremity is not medically necessary and appropriate.**

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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]