

<b>Case Number:</b>	CM13-0001210		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	03/19/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	06/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Progress note dated 06/11/2013 documented the patient stating his left hand feels better however pain has in both knees. The patient describes pain at the left wrist that is sharp and moderate to severe in intensity. The frequency is intermittent. The symptoms are exacerbated by motion and lessened by rest. The patient denies numbness and tingling or weakness. On objective findings on examination of the left and right wrist there is no erythema, discoloration, ecchymosis, swelling, masses, cysts, sores or open wounds or deformities. The flexor and extensor surface of the left wrist is tender to palpation. The CMC joint of the left thumb is stable. There is no crepitation of the left wrist. Examination of the right wrist reveals no deformity. There is full range of motion of the right wrist with dorsiflexion to 70 degrees and volar flexion to 60 degrees, radial deviation 25 degrees and ulnar deviation 35 degrees. Supination and pronation 90 degrees. There is 5/5 muscle strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY (RUE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** As per CA MTUS/ACOEM guidelines and ODG, EMG study is recommended for cervical radiculopathy and NCS study in patients with clinical signs of carpal tunnel syndrome. In this case, this patient is overweight with BMI of 30 and has a significant family history of diabetes which is an underlying risk factor for peripheral neuropathy. The medical records document the subjective and objective findings related to wrist/hand pain. The patient was diagnosed with hand/wrist sprain/strain and numbness in wrist. There is no documentation that the patient's complaints include neck symptoms and hence the request for EMG of right upper extremity is not medically necessary and appropriate.