

<b>Case Number:</b>	CM13-0018577		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Illinois. 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:

The injured worker is a 30-year-old male who reported an injury on 3/26/13. The mechanism of injury was getting his hand caught between stairs and a stage, causing a crushing injury to his left wrist. The documentation of 6/17/13 revealed that the injured worker was having spasms in the hand and tenderness to palpation of the left wrist. The diagnoses were status post crushing injury to the left hand and wrist. The treatment plan included acupuncture, chiropractic treatment, EMG/NCV of the bilateral upper extremities, an MRI, extracorporeal shockwave treatment for the left wrist, an interferential unit, and a wrist brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM states that electromyography (EMG), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. There should be documentation of 3-4 weeks of

conservative care and observation. The clinical documentation submitted for review failed to indicate that the injured worker had objective findings of dermatomal or myotomal findings to support the request. There was a lack of documentation indicating the injured worker had 3-4 weeks of conservative care and observation. There was a lack of documentation indicating a necessity for bilateral studies. Given the above, the request for EMG of the bilateral upper extremities is not medically necessary.

**NCV OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM states that 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 3-4 weeks. There should be documentation of 3-4 weeks of conservative care and observation. The clinical documentation submitted for review failed to indicate that the injured worker had objective findings of dermatomal or myotomal findings to support the request. There was a lack of documentation indicating the injured worker had 3-4 weeks of conservative care and observation. There was a lack of documentation indicating a necessity for bilateral studies. Given the above, the request for NCV of the bilateral upper extremities is not medically necessary.