

<b>Case Number:</b>	CM13-0025043		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Physical Medicine & 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 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. 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 patient is a 57-year-old female who reported an injury on 06/13/2012 when she tripped and fell onto her extended left arm. Her knee is noted to also have hit the ground. The patient is diagnosed with carpal tunnel syndrome, knee pain, and trigger finger. The patient is noted to have undergone a left third digit trigger finger release on 02/20/2013 and to have undergone a left carpal tunnel release on 07/10/2013. She was reported on 07/22/2013 to have noted 2 months of right hand numbness, tingling, and pain. She also reported swelling of the right hand. She reported she had noticed increased pain since she had to over use her right hand due to left hand surgery. She is also reported to continue to complain of left shoulder pain and difficulty with motion, and left knee pain. She is noted to have treated with acupuncture, physical therapy, a subacromial joint injection, and to have undergone imaging studies of the left knee and left shoulder. She is reported on physical exam of her right hand to have a positive Durkan's and Phalen's test with decreased sensation in digits 1 through 4 of the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sensory and motor nerve conduction and electromyography (EMG) on the upper right extremity:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend in cases of peripheral nerve impingement if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated; however, as the patient is not reported to have undergone any conservative treatment to her right hand and wrist, and there is no indication that a surgery is planned for the right wrist. The requested electrodiagnostic studies do not meet guideline recommendations. The request for nerve conduction and EMG studies is not medically necessary and appropriate.