

<b>Case Number:</b>	CM13-0025909		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	08/09/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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:

The injured worker is a 33-year-old female who reported an injury on 12/12/2012. The mechanism of injury was repetitive motion. The diagnoses included right wrist internal derangement and rule out upper extremity radiculopathy. Previous treatments included EMG/NCV, physical therapy, and medications. Within the clinical note dated 01/20/2014, it was reported the injured worker complained of constant pain in the right forearm radiating into her hand. She reported having increased pain with rotation, torquing motion, reaching overhead, lifting, and carrying. The injured worker rated her pain 4/10 in severity. She complained of pain in the right hand/wrist, radiating into the ring finger as well as numbness and tingling of the hand and fingers. She rated her pain at 4/10 in severity. She complained of occasional pain in her left forearm and occasional numbness and tingling in the left forearm. Upon physical examination, the provider noted a negative Tinel's sign, her motor strength was 4/5 and she had tenderness at range of motion of the wrist and fingers. The provider requested an NCV of the right upper limb/EMG of the right upper limb; however, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV RIGHT UPPER LIMB/EMG RIGHT UPPER LIMB:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The injured worker complained of right forearm pain which she noted was constant and radiating into her head. She rated her pain at 4/10 in severity. The injured worker complained of right hand pain/wrist pain radiating into her little and ring fingers. She rated her pain 4/10 in severity. She complained of occasional pain in her left forearm with numbness and tingling. The California MTUS/ACOEM Guidelines note for most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks of conservative care and observation. Most patients improve quickly provided red flag conditions are ruled out. The guidelines note EMG/NCVs are recommended to rule out the signs and symptoms of carpal tunnel syndrome. The guidelines recommend an EMG in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrodiagnostic studies may be indicated. There is lack of documentation indicating muscle weakness that would indicate nerve impingement. The injured worker underwent an EMG/NCV on 02/07/2013 which was normal; however, the official report was not submitted for clinical review. There is a lack of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal distribution. Therefore, the request is not medically necessary.