

<b>Case Number:</b>	CM13-0051416		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Occupational Medicine 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 patient reported a date of injury of 03/26/2013. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2013, lists subjective complaints as pain in her right wrist, forearm, and upper arm that are increased with work or heavy lifting. She wears a wrist splint on an intermittent basis as needed at night or while driving. Objective findings: Examination of the right forearm revealed slight tenderness to palpation over the extensor surface at the distal muscle wad and along the distal radial forearm with nor crepitation or warmth. Examination of the right wrist revealed diffuse tenderness to palpation on the radial and ulnar sides and at the base of the thumb. Wrist had full range of motion with slight complaint of pain. Finkelstein's and Tinel's/Phalen were both negative. Diagnosis: 1. Tendinitis of forearm, right 2. Tendinitis of wrist, right. Patient has attended 10 physical therapy visits to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAM OF THE RIGHT UPPER EXTREMITY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

**Decision rationale:** Electromyography (EMG), and 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 three or four weeks. The medical record fails to document radicular-type arm symptoms. The EMG studies are not medically necessary.

**NERVE CONDUCTION STUDY OF THE RIGHT UPPER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. The history and physical exam offer no indication of CTS or cervical radiculopathy. Nerve conduction studies are not medically necessary.