Case Number:	CM13-0054117		
Date Assigned:	03/31/2014	**Date of Injury:**	05/01/2013
Decision Date:	05/02/2014	**UR Denial Date:**	11/01/2013
Priority:	Standard	**Application Received:**	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 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 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 reported an injury on 05/01/2013, after the injured worker's hand got caught in a slammed car door. The injured worker reportedly sustained an injury to her right hand and was diagnosed with a fracture of the wrist. The injured worker's treatment history included medications, a wrist brace, and physical therapy. The injured worker was evaluated on 10/08/2013. It was documented that the injured worker had persistent pain complaints of the right wrist and hand. It was noted that the injured worker participated in physical therapy that did not provide significant benefit. The injured worker's physical examination inicluded positive left-sided impingement test of the shoulder. Evaluation of the wrist and hands documented the injured worker had right-sided positive Tinel's and Phalen's sign with tenderness to palpation in the distal radial ulnar joint and distal radius with full range of motion of the digits. The injured worker's diagnoses included fracture of the right distal radius, right wrist sparin/strain, left arm overlaod pain, and symptoms of anxiety and depression. The injured worker's treatment plan included an MRI of the right wrist and hand and left shoulder, as well as electrodiagnostic studies of the bilateral upper extremities to assess for radiculitis or radiculopathy. It was also recommended that the injured worker continue physical therapy and medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, Forearm, Wrist and Hand Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The requested EMG/NCV of Bilateral Upper Extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for the wrist and hand for injured workers that have continued neurological deficits after a period of conservative treatment. The clinical documentation submitted for review does provide evidence that the injured worker has decreased motor strength and complaints of numbness and tingling of the right wrist and hand. Therefore, electrodiagnostic studies may assist in the diagnosis and treatment planning of the injured worker's injury. However, the request as it was submitted did not clearly identify the body part that required the electrodiagnostic study. Therefore, the appropriateness of the request itself cannot be determined. Additionally, there were no significant neurological deficits of the left side provided. Therefore, electrodiagnostic studies for the left side would not be supported. As such, the requested EMG/NCV of Bilateral Upper Extremities is not medically necessary or appropriate.