

<b>Case Number:</b>	CM13-0057550		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 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 33 year old male who sustained injury on 06/20/2013 while working as a police officer. Prior treatment included Norco 5/325 mg and surgery to right hand on 07/04/2013. A note dated 07/18/2013 documented the patient complained of right wrist/hand pain with pain traveling to the arm and elbow with numbness and tingling in the right hand. The patient had weakness in the right hand. The pain increased with gripping, grasping, flexing, extending, rotating and repetitive hand and finger movements. There was occasional difficulty sleeping whereas patient awoke with pain and discomfort. Examination of the cervical spine showed normal findings. Jamar grip strength of the right was 05/05/05 and the left was 30/35/35. Wrist/hand examination showed tenderness over the distal radius and the carpus on the right. There was negative Tinel sign. Phalen and reverse Phalen testing were positive on the right. Two-point discrimination was within normal limits. There was a well healed incision at the dorsum of the right hand over the 3rd metacarpal. Diagnoses were 726.4 Wrist Tend/Burs and 923.20 Hand Contusion. The request is for physio therapy 3x4weeks right wrist to the right hand, electromyography (EMG) of bilateral upper extremities, and nerve conduction velocity (NCV) of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-272. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, section on Electromyography

**Decision rationale:** As per the Official Disability Guidelines, EMG's are recommended to determine cervical radiculopathy. As per the ACOEM Guidelines, EMG's are not recommended for routine use in diagnostic evaluation of nerve entrapment or screening in patients without symptoms. On exam dated 07/18/2013, there was positive Phalen and reverses Phalen's test on the right and weak grip strength. Cervical spine exam was grossly unremarkable with normal ROM, no tenderness, normal sensation testing, and normal motor testing. The provider has requested EMG of bilateral upper extremity to rule out digital nerve entrapment as well peripheral nerve entrapment and the medical necessity has not been established. NCV's are recommended by the ACOEM Guidelines for median or ulnar impingement at the wrist after failure of conservative treatment. In this case, the patient has positive Phalen test on the right but there is no indication that the patient has tried and failed conservative treatment such as physical therapy or medications. Thus, the request is not medically necessary and appropriate.

**Physiotherapy 3x4 weeks right wrist to right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** As per the referenced guidelines, physical medicine is recommended to restore flexibility, strength, endurance, function, range of motion and to alleviate pain. A postop follow up note indicates the patient continues to have pain and weakness in the right hand. The patient was diagnosed with right hand tendonitis and contusion and had right hand surgery on 07/04/2013. The provider is requesting 12 sessions of physical therapy; however, medical records provided for review did not mention what type of procedure was performed on 07/04/2013. Due to this lack of information, the request for 12 sessions of physical therapy is not medically necessary and appropriate.