

<b>Case Number:</b>	CM13-0060577		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Family 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:

This is a 56-year-old male claimant who sustained a work-related injury on December 21, 2010 involving the right wrist. He had a diagnosis of a right wrist strain. He had undergone physical therapy, prescription medications, acupuncture treatments, and surgical resection of the radio styloid. A progress note on 10/29/13 the claimant has continued right wrist pain radiating to the hand. Exam findings included a well-healed surgical scar on the right wrist, positive Tinnel's sign on the right. There was no examination of the left upper extremity. The treating physician ordered a nerve conduction study of both upper extremities to rule out right cervical radiculopathy versus carpal tunnel syndrome. He had an EMG and NCV testing of the right arm in November 2013. The results were consistent with right sensorimotor median mononeuropathy- carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EMG LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Electrodiagnostic Testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, "Routine use of nerve conduction velocity or EMG is not recommended." In this case there was no mention of left upper extremity symptoms or complaints. The claimant sustained a right upper extremity injury for which appropriate care was provided. EMG study for the left upper extremity is not necessary.

**NCS-NERVE CONDUCTION STUDY- LEFT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Electrodiagnostic Testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** According to the ACOEM guidelines, "Routine use of nerve conduction velocity or EMG is not recommended." In this case there was no mention of left upper extremity symptoms or complaints. The claimant sustained a right upper extremity injury for which appropriate care was provided. Nerve conduction study for the left upper extremity is not necessary.