Case Number:	CM14-0005681		
Date Assigned:	02/07/2014	**Date of Injury:**	12/02/2013
Decision Date:	06/20/2014	**UR Denial Date:**	12/31/2013
Priority:	Standard	**Application Received:**	01/13/2014

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 42-year-old with an injury reported on December 2, 2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated January 24, 2014, reported that the injured worker complained of a constant pain to her right hand, with numbness to fingertips. The examination report of the injured worker's right hand revealed tenderness with paplaiton of the right wrist along the dorsal aspect. The right wrist is reported to have had normal flexion, extension, and radial and ulnar deviation. The injured worker had a positive Phalen's and Tinels test to right hand.The injured worker's diagnoses included disturbance of skin sensation, anesthesia of skin; burning or prickling sensation, other synovitis and tenosynovitis. The request for authorization was submitted on January 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11-FOREARM, WRIST, AND HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), FOREARM, WRIST AND HAND COMPLAINTS, 258-262

Decision rationale: The injured worker complained of a constant pain to her right hand, with numbness to fingertips. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of clinical information provided on the injured worker's left upper extremity. Per the clinical information provided, it was reported that both hands have some pain but the right was greater than the left. There is a lack of clinical information expressed on the injured worker's left arm, wrist, and hand. It was unclear within the clinical documentations the rationale for the electromyography request to the injured worker's left upper extremity. There is a lack of clinical information provided to suspect cervical spine is associated with the injured worker's left upper extremity pain. The request for an EMG of the left upper extremities is not medically necessary or appropriate.

EMG (ELECTROMYOGRAPHY) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11-FOREARM, WRIST, AND HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), FOREARM, WRIST AND HAND COMPLAINTS, 258-262

Decision rationale: The injured worker complained of a constant pain to her right hand, with numbness to fingertips. The examination report of the injured worker's right hand revealed tenderness with paplaiton of the right wrist along the dorsal aspect. The right wrist is reported to have had normal flexion, extension, and radial and ulnar deviation. The injured worker had a positive Phalen's and Tinels test to right hand. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of clinical information provided to demonstrate imaging procedures completed such as CT or MRI, to suggest central spinal cord deficit or cervical radiculopathy. The injured worker was noted to have a cervical fusion C2-T2 dated 2004, 2005, 2010, and 2011. It was reported that the injured worker complained of pain post occupational therapy, there is a lack of clinical information provided what specific exercises exarbated her pain. It was also unclear the specific prescribed medications utilized, and outcome

of those medications in alleviatinig her pain and discomfort. It was also noted that the injured worker was to return to work on full duty without restrictions. There is a lack of clinical information provided to suspect cervical spine is associated with the injured worker's left upper extremity pain. The request for an EMG of the right upper extremities is not medically necessary or appropriate.

NCS (NERVE CONDUCTION STUDIES) RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11-FOREARM, WRIST, AND HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), FOREARM, WRIST AND HAND COMPLAINTS, 258-262

Decision rationale: The injured worker complained of a constant pain to her right hand, with numbness to fingertips. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The examination report of the injured worker's right hand revealed tenderness with paplaiton of the right wrist along the dorsal aspect. The right wrist is reported to have had normal flexion, extension, and radial and ulnar deviation. The injured worker had a positive Phalen's and Tinels test to right hand. It was reported that the injured worker complained of pain post occupational therapy, there is a lack of clinical information provided what specific exercises exarbated her pain. It was also unclear the specific prescribed medications utilized, and outcome of those medications in alleviatinig her pain and discomfort. It was also noted that the injured worker was to return to work on full duty without restrictions. The request for an NCS of the right upper extremities is not medically necessary or appropriate.

NCS (NERVE CONDUCTION STUDIES) LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 11-FOREARM, WRIST, AND HAND COMPLAINTS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), FOREARM, WRIST AND HAND COMPLAINTS, 258-262

Decision rationale: The injured worker complained of a constant pain to her right hand, with numbness to fingertips. According to the American College of Occupational and Environmental Medicine (ACOEM) guidelines 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of clinical information provided on the injured worker's left upper extremity. Per the clinical information provided, it was reported that both hands have some pain but the right was greater than the left. There is a lack of clinical information expressed on the injured worker's left arm, wrist, and hand. It was unclear within the clinical documentations the rationale for the nerve conduction studies request to the injured worker's left upper extremity. The request for an NCS of the left upper extremities is not medically necessary or appropriate.