

<b>Case Number:</b>	CM14-0102414		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Nevada. 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 46-year-old female who was reportedly injured on February 20, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 18, 2014, indicated that there were ongoing complaints of right upper extremity pain. The physical examination demonstrated diffuse tenderness with edema throughout the right upper extremity, temperature changes as well as erythema. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, home exercise and bracing. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of the right upper extremity:** Overturned

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

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

**Decision rationale:** When noting the physical examination reported, there were changes consistent with a possible reflex sympathetic dystrophy. There was hypersensitivity,

discoloration, edema, and inventing pain. As such, such a study would help identify subtle focal neurological dysfunction and adjust the treatment plan accordingly. As such, there is a medical necessity to perform this study.

**Nerve conduction study of the right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 581.

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

**Decision rationale:** When noting the physical examination reported, there were changes consistent with a possible reflex sympathetic dystrophy. There was hypersensitivity, discoloration, edema, and inventing pain. As such, such a study would help identify subtle focal neurological dysfunction and adjust the treatment plan accordingly. As such, there is a medical necessity to perform this study.