

<b>Case Number:</b>	CM14-0015637		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Occupational 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 36-year-old male with a 9/7/11 date of injury the right hand and fingers after unloading a truck. He had surgery on the right index and little right fingers, as well as a carpal tunnel release with 5th digit A1 pulley release on 7/19/13. The patient was seen on 11/26/13 complaining of right hand pain with decreased motion and middle finger triggering. Exam findings revealed mild swelling about the wrist with a well-healed incision. There was a triggering of the middle finger and decreased range of motion of the digits with tenderness over the A1 pulley of the index finger. Nerve conduction studies were requested to rule out carpal tunnel syndrome. The UR decision dated 1/28/14 denied the request given there was no clinical evidence to support ongoing symptomatology suggestive of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of right upper extremity ( muscular test done):** 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) criteria for Electromyography/ Nerve Conduction Velocity of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The rationale for this request is to rule out carpal tunnel syndrome, which is a clinical diagnosis. There is a lack of documentation to support median nerve neuropathy or dysfunction since the patient's prior carpal tunnel release on 7/19/13. Therefore, the request for an Electromyography of the right upper extremity was not medically necessary.

**Nerve Conduction Velocity study of right upper extremity ( nerve test lim):** 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 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) criteria for Electromyography / Nerve Conduction Velocity of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The rationale for this request is to rule out carpal tunnel syndrome, which is a clinical diagnosis. There is a lack of documentation to support median nerve neuropathy or dysfunction since the patient's prior carpal tunnel release on 7/19/13. Therefore, the request for an Nerve Conduction Velocity (NCV) of the right upper extremity was not medically necessary.