

<b>Case Number:</b>	CM14-0128569		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 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 33 year-old female who was reportedly injured on May 29, 2014. The mechanism of injury is noted as a cumulative injury to the forearms, hands and wrists from repetitive work as a scheduling coordinator. The most recent progress note dated July 30, 2014 indicates that there are ongoing complaints of extremity pain. The physical examination demonstrated tenderness to palpation. Diagnostic imaging studies were not reported in this narrative. Previous treatment includes physical therapy and acupuncture. A request was made for electrodiagnostic studies and was not certified in the pre-authorization process on August 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on hand, Wrist & Forearm Disorders-section on non-specific Hand, Forearm & Wrist pain as a reference

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The progress notes presented for review is handwritten, partially legible and there is indication of a positive Tinel's sign. There is no narrative indicating the response to treatment, what other conservative measures have been undertaken. Furthermore, it is not clear if this individual is a surgical candidate where there are changes relative to the median nerve at the wrist that would warrant surgical intervention. As such there is insufficient clinical information presented to support this request. The medical necessity has not been identified.

**NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on hand, Wrist & Forearm Disorders-section on non-specific Hand, Forearm & Wrist pain as a reference

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** The progress notes presented for review is handwritten, partially legible, and there is an indication of a positive Tinel's sign. There is no narrative indicating the response to treatment, what other conservative measures have been undertaken. Furthermore, it is not clear if this individual is a surgical candidate where there are changes relative to the median nerve at the wrist that would warrant surgical intervention. As such there is insufficient clinical information presented to support this request. The medical necessity has not been identified.