

<b>Case Number:</b>	CM14-0140291		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 patient is a 49 year old female with a date of injury of 12/24/2012. The mechanism of injury was not provided for review but the accepted injury was to the left knee and right wrist. On 07/19/2013 the right thumb was sore. On 12/17/2013 she had a left knee arthroscopic partial meniscectomy, chondroplasty and synovectomy. On 01/03/2014 she had her second of 12 post operative physical therapy sessions. On 01/17/2014 she returned to modified work. On 02/05/2014 and on 03/19/2014 her left knee range of motion was 0 to 130 degrees. According to a previous review, on 07/14/2014 there is a hand written note about 5/10 pain in the right wrist, elbow and shoulder. On 07/22/2014 the listed diagnosis was left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS, Right upper extremity QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

**Decision rationale:** The date of injury was 12/24/2012. The treatment and physical therapy was for the left knee injury. There is no documentation of any recent treatment of a right upper

extremity injury. There is no documentation of a failure of right upper extremity conservative treatment. There was no clear physical findings of legible right upper extremity numbness, tingling, weakness or sign of radiculopathy or carpal tunnel syndrome in the documentation provided for review. The documentation does not meet MTUS ACOEM criteria for a EMG/NCS at this time.