

<b>Case Number:</b>	CM14-0169731		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 56-year-old female who reported an injury on 08/08/2013. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of carpal tunnel syndrome bilaterally. Past medical treatment consisted of physical therapy, heating pads, a wrist brace, shoulder sling, and medication therapy. Medications consist of tramadol, naproxen, and Ondansetron. On 09/09/2014, the injured worker complained of bilateral wrist pain. Physical examination revealed full range of motion bilaterally, and tenderness to palpation over the median nerve dermatome. There was decreased grip strength. Medical treatment plan was for the injured worker to undergo NCV and EMG of the left wrist. The rationale and Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, EMG, NCS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for NCV of the left wrist is not medically necessary. There was no rationale submitted for review to warrant the request. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. The physical exam noted that the injured worker had wrist pain; however, there lacked indication of the injured worker having spasm or sensory deficits. There was mention of decreased grip strength, but no other symptoms which would indicate nerve impingement. Given the guidelines above, they do not recommend nerve conduction studies. As such, the request for NCV is not medically necessary.

**EMG left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, EMG, NCS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for EMG of the left wrist is not medically necessary. There was no rationale submitted for review to warrant the request. The included medical documents lacked evidence of the injured worker's failure of conservative treatment. The physical exam noted that the injured worker had wrist pain; however, there lacked indication of the injured worker having spasm or sensory deficits. There was mention of decreased grip strength, but no other symptoms which would indicate nerve impingement. Given the guidelines above, they do not recommend nerve conduction studies. As such, the request for EMG is not medically necessary.