

<b>Case Number:</b>	CM14-0180111		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	10/24/1997
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Emergency 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:

The injured worker is a 48 year-old female, who sustained an injury on October 24,1997. The mechanism of injury was not noted. Diagnostics have included: 2005 right wrist tenosynovitis with ganglion cyst, 2007 normal EMG/NCV. The current diagnoses are: carpal tunnel syndrome, upper limb numbness, mononeuritis multiplex, radial styloid tenosynovitis, bilateral DeQuervain's tenosynovitis. The stated purpose of the request for EMG/NCV Right Upper Extremity was for severe hand numbness. The request for EMG/NCV Right Upper Extremity was denied on October 20, 2014, citing a lack of documentation of a clinical change since the date of the previous EMG/NCV. Per the report dated October 9, 2014, the treating physician noted complaints of pain to the right wrist and thumb with night numbness. Exam findings included wrist pain and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Right Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 1 Table 2 Table 4,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 11 - Forearm,Wrist, Hand Complaints, Special Studies and Diagnostic and TreatmentCon.

**Decision rationale:** The requested EMG/NCV Right Upper Extremity, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electrodiagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has pain to the right wrist and thumb with night numbness. The treating physician has documented wrist pain and swelling. The treating physician has not documented sufficient physical exam evidence of nerve entrapment, nor an acute clinical change since the date of the previous electrodiagnostic testing. The criteria noted above not having been met, EMG/NCV Right Upper Extremity is not medically necessary.