Case Number:	CM14-0192241		
Date Assigned:	11/26/2014	**Date of Injury:**	06/18/2013
Decision Date:	01/12/2015	**UR Denial Date:**	10/13/2014
Priority:	Standard	**Application Received:**	11/17/2014

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 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 (IW) is a 57-year-old woman with a date of injury of June 18 2013. The injury was a result of cumulative trauma. The current working diagnoses include carpal tunnel syndrome, sprain and strain of the wrist, trigger finger, elbow strain/sprain, and status post wrist surgery. The IW is status post left carpal tunnel release on January 6, 2014, and left hand trigger finger and ring finger release on September 8, 2014. Pursuant to Doctor's First Report of Occupational Injury or Illness by the treating chiropractor dated October 2, 2014, the IW complains of pain in her bilateral wrists, elbows, and hands. Objective physical findings revealed well-healed left wrist and left hand scars post-surgery. There is swelling noted. There is tenderness on palpation over the posterior aspect of the bilateral elbows, dorsal and volar aspects bilateral wrists and hands and over the thenar pads bilaterally. The treating chiropractor is requesting NCV/EMG of bilateral upper extremities, and a Functional Capacity Evaluation (FCE) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, See Electrodiagnostic Studies (EDS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, Wrist and Hand, NCV/EMG

Decision rationale: Per the Official Disability Guidelines, electrodiagnostic studies are recommended after closed fractures of distal radius and ulna; necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. In this case, the injured worker undergone left carpal tunnel release surgery January 6, 2014 and left long and ring finger flexor tendon sheath release performed in September 8, 2014. Postoperative hand surgery progress note is present dated September 16, 2014. A progress note dated October 2, 2014 indicates well-heeled scars left wrist and hand status post- surgery. There is tenderness palpation over the posterior aspect of the elbows bilaterally, dorsal and volar aspects of the wrists bilaterally and he ends over the thenar pads, left greater than right. There are no neurologic deficits in the hand or wrist. The treating chiropractor, not the hand surgeon, ordered EMG/NCV's of the upper extremities; however, there was no clinical rationale indication for those electric diagnostic studies. Consequently, absent the appropriate documentation of clinical indication, electromyography/nerve conduction velocity studies of the bilateral upper extremities are not medically necessary.