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| <b>Case Number:</b>   | CM14-0050331 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 10/29/2012 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 03/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 Neurology 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 34 year old male with a date of injury reported on 10/29/12. The mechanism of injury is described as having the injured worker compressing his right hand while unloading a pallet from a truck. The injured worker was taken for an initial plain film x-ray which was read as normal. An examination from 1/30/14 reports that the injured worker is reporting constant numbness in the hand and reports tenderness to palpation at the tendon sheaths. A Tinel's and Phalen's test, in addition to a Finklestein's test, are all reported as negative. There are no sensory examination results provided in this examination. The injured worker did have an MRI of both the right wrist and right hand and both imaging studies are reported as normal. A previous request for electromyography (EMG) and a nerve conduction study (NCS) were not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the right upper extremity as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Per the guidelines established in the MTUS (ACOEM) guidelines, the use of EMG and NCS is not recommend in diagnostic evaluation in nerve entrapment or screening in patients without symptoms. In this case, the injured worker subjectively reports numbness, however, there is no documentation to support a sensory change. In addition, the clinical assessment to evaluate for carpal tunnel syndrome demonstrates he does not have a presentation consistent with this diagnosis. There is no evidence on the exam to support additional evaluation with either an EMG or an NCS and therefore is not medically necessary.

**Nerve conduction velcoity (NCV) of the right upper extremity as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Physician Advisory Criteria.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Per the guidelines established in the MTUS (ACOEM) guidelines, the use of EMG and NCS is not recommend in diagnostic evaluation in nerve entrapment or screening in patients without symptoms. In this case, the injured worker subjectively reports numbness, however, there is no documentation to support a sensory change. In addition, the clinical assessment to evaluate for carpal tunnel syndrome demonstrates he does not have a presentation consistent with this diagnosis. There is no evidence on the exam to support additional evaluation with either an EMG or an NCS and therefore is not medically necessary.