

<b>Case Number:</b>	CM14-0065095		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 34-year-old gentleman was reportedly injured on May 15, 2012. The mechanism of injury was noted as falling off a chair onto both wrists. The most recent progress note, dated May 21, 2014, stated the injured employee was improved after the right TFCC tear. The physical examination demonstrated improved sensation that is now intact and there was full range of motion of the right wrist and forearm. Medications were refilled. Diagnostic imaging studies of the left wrist revealed a retrosaphoid ganglion cyst. An MRI of the right wrist revealed and unfolding of the ulnar attachment, the triangular fibrocartilage, complex. Previous treatment included physical therapy, acupuncture, and muscle stimulator, and hot/cold treatments. A request had been made for EMG and NCV studies of the upper extremities and was not certified in the pre-authorization process on April 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, carpal tunnel syndrome, electrodiagnostic studies, electromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the progress note dated May 21, 2014, as well as a note prior on April 9, 2014, they stated that there was a normal upper extremity neurological examination. Considering this, the request for Electromyography (EMG) of the left and right upper extremities is not medically necessary.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, nerve conduction studies, electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the progress note dated May 21, 2014, as well as a note prior on April 9, 2014, they stated that there was a normal upper extremity neurological examination. Considering this, the request for Nerve Conduction Velocity (NCV) studies of the left and right upper extremities is not medically necessary.

**NCV left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, nerve conduction studies, electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the progress note dated May 21, 2014, as well as a note prior on April 9, 2014, they stated that there was a normal upper extremity neurological examination. Considering this, the request for Nerve Conduction Velocity (NCV) studies of the left and right upper extremities is not medically necessary.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, electromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** According to the progress note, dated May 21, 2014, as well as a note prior on April 9, 2014, they stated that there was a normal upper extremity neurological examination.

Considering this, the request for Electromyography (EMG) of the left and right upper extremities is not medically necessary.