

<b>Case Number:</b>	CM14-0069306		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Occupational 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:

This patient is a 25-year-old who experienced a crush injury to his right hand on October 16, 2010. He has been treated with multiple surgeries the last surgery being a distal right middle finger amputation in March '13. Follow up visits document appropriate healing times and good surgical outcome(s). In the records sent for review there is no physician documentation supporting the need for electrodiagnostic testing and there is no physician documentation requesting the electrodiagnostics testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyogram) of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Non-specific Hand, Forearm, & Wrist Pain and CTS.

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

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support the medical necessity of electrodiagnostic testing to evaluate for neurological abnormalities when there are signs and symptoms that are suggestive neurological dysfunction. Guidelines do not

recommended this testing for screening purposes. There is no documentation of neurological dysfunction in the records sent for review. The request for EMG studies of the upper extremities is not medically necessary or appropriate.

**NCV (nerve conduction velocity) exam of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Non-specific Hand, Forearm, & Wrist Pain and CTS.

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

**Decision rationale:** The Forearm, Wrist, and Hand Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support the medical necessity of electrodiagnostic testing to evaluate for neurological abnormalities when there are signs and symptoms that are suggestive neurological dysfunction. Guidelines do not recommend this testing for screening purposes. There is no documentation of neurological dysfunction in the records sent for review. The request for NCV studies of the upper extremities is not medically necessary or appropriate.