

<b>Case Number:</b>	CM14-0174570		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family 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 injured worker's date of injury is 10/31/2011. This patient receives treatment for chronic symptoms in the hands from cumulative trauma from 1990-2012. The patient had right hand surgery in 2006 and left hand surgery in 2007. In 10/2012 the patient had surgery of the left wrist and left thumb arthroplasty/trapeziumectomy. Electrophysiologic studies showed evidence of right CTS in 11/2013. The patient had a left trigger thumb release. EMG/NCS testing on 04/17/2014 were negative for nerve entrapment or denervation. On examination wrists revealed full ROM. There were negative Tinel's and Flick's tests, but positive Phalen's signs bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** The treating physician is requesting the EMG/NCS to "assess the degree of nerve entrapment and/or cervical radiculopathy or underlying pathology, which are required for diagnostic accuracy." This patient already had electrophysiologic testing in April 2014 and these

tests did not show any significant abnormalities. The documentation does not provide a compelling reason to restudy the upper extremities as there are no new findings on physical exam that suggest a significant neurological deficit that may require surgical intervention. EMG/NCV studies are not medically indicated.