Case Number:	CM14-0207676		
Date Assigned:	12/19/2014	**Date of Injury:**	09/25/2014
Decision Date:	02/17/2015	**UR Denial Date:**	11/17/2014
Priority:	Standard	**Application Received:**	12/11/2014

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 patient is an injured worker with right wrist complaints. The progress report dated November 29, 2014 documented the history of present illness. Patient had injury sustained on September 25, 2014. Patient's injury is worse. The treatment was not followed. Missed appointment was noted. Patient is currently on modified duty. Patient is tolerating their current medication. Light duty is being accommodated. There are no new symptoms. The patient had wrist complaints. The patient complained of right wrist pain. Patient describes the symptoms as sharp. She says it is mild and moderately severe. The frequency is intermittent. The symptoms are exacerbated by movement. The patient denies numbness and tingling. The patient denies any weakness. The patient states there is no swelling of the wrist. The patient denies discoloration. The patient complains of pain to wrist. The patient denies any radiation of the wrist pain. The patient complains of pain in the wrist with motion. The patient believes there are no wrist motion restrictions. No known surgical history was noted. The patient denies history of ulcers or gastritis. No history of diabetes. Patient states no known major recurrent illnesses injuries. She does not use tobacco and denies alcohol use. Physical examination was documented. The patient is a well-developed, well-nourished. Mood and affect appear appropriate. There are no apparent signs of respiratory distress. The left wrist reveals no evidence of erythema, discoloration, ecchymosis, swelling, masses, cysts, scars, open wounds, and deformities. The right wrist reveals no erythema, discoloration, ecchymosis, swelling, masses, cysts, scars, open wounds, and deformities. Left wrist examined for comparison. There is no deformity of the left wrist. Flexor surface of the wrist is non-tender. There is no tenderness of the extensor surface of the left wrist. The carpometacarpal joint of the left thumb is not tender. The carpometacarpal joint of the left thumb is stable. There is no crepitation of the left wrist on examination. The left wrist is stable . There are no abnormalities of hand, fingers, forearm, elbow, upper arm, and shoulder. There is

full range of motion of the left wrist with dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees and pronation / supination to 90 degrees. There is 5/5 muscle strength on strength testing of the left wrist in dorsiflexion and volar flexion. There is no deformity of the right wrist. Flexor surface of the right wrist is non-tender. There is no tenderness of the extensor surface of the right wrist. The carpometacarpal joint of the right thumb is not tender. The carpometacarpal joint of the right thumb is stable. There is no crepitation of the right wrist on examination . The right wrist is stable. There is full range of motion of the right wrist with dorsiflexion to 70 degrees, volar flexion to 80 degrees, radial deviation to 25 degrees, ulnar deviation to 35 degrees and pronation / supination to 90 degrees. There is 5/5 muscle strength on strength testing of the right wrist in dorsiflexion and volar flexion. There is no tenderness over the left anatomical snuffbox. There is no tenderness over the right anatomical snuffbox. The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the left upper extremities. The bicipital, brachioradialis and tricipital deep tendon reflexes are 4/4 in the right upper extremities. Sensation is intact to light touch and pinprick in all dermatomes of the left upper extremities for wrist. Sensation is intact to light touch and pinprick in all dermatomes of the right upper extremities for wrist. There is a negative phalen test for left median nerve compression. There is a negative phalen test for right median nerve compression. Tinel sign is negative for left median nerve compression. Tinel sign is negative for right median nerve compression. Finkelstein test is negative for left stenosing tenosynovitis. Finkelstein test is positive for right tenosynovitis. Carpal compression testing on left is negative for median nerve compression. Carpal compression testing on right is negative for median nerve compression. Diagnoses were De Quervain's Tenosynovitis, sprain strain wrist hand right. Treatment plan was documented. Ibuprofen, Meloxicam, Tramadol, and physical therapy were components of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Right upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269, 272.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 272) indicates that routine use of NCV or EMG in diagnostic evaluation of nerve entrapment or screening in patients without symptoms is not recommended. ACOEM Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that electromyography and nerve conduction velocity (EMG/NCV) testing has no ability to identify and define pathology for ligament strain, tendon strain, tendinitis, or tenosynovitis.The progress report dated November 29, 2014 documented full range of motion of the right wrist. No motor or sensory neurologic deficits were demonstrated on physical

examination. ACOEM 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 269) indicates that electromyography and nerve conduction velocity (EMG/NCV) testing has no ability to identify and define pathology for ligament strain, tendon strain, tendinitis, or tenosynovitis. The request for EMG/NCV is not supported by the ACOEM guidleines.Therefore, the request for EMG/NCV Right upper extremityis not medically necessary.