

<b>Case Number:</b>	CM15-0106028		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 51 year old male, who sustained an industrial injury on October 14, 2014. He reported an injury to his left hand and wrist. Treatment to date has included surgery to the left wrist and forearm, imaging of the left wrist and elbow, physical therapy, work restrictions, and medications. Currently, the injured worker exhibits tenderness to palpation over the left medial epicondyle and has a limited range of motion. He reports tenderness to palpation over the carpometacarpal bones of the left wrist and notes difficulty with range of motion of the second digit of the left hand. He has diminished grip strength of his left hand and a positive Tinel's test. He reports numbness and tingling over the second and fourth digits of the left hand. The diagnoses associated with the request include status post exploration and removal of metallic objects with debridement of contaminated bone from the left wrist and hand, left wrist pain, possible carpal tunnel syndrome and left hand ulnar nerve neuropathy. The treatment plan includes EMG/NCV of the left upper extremity, work restrictions and medications

### 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 Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** This patient presents with severe left hand, wrist, and forearm and elbow pain. " The pain is rated a 7/10, described as constant pain radiating proximally down his wrist and hand/fingers with numbness, tingling, throbbing, stabbing, sharp pains with locking and popping." The request is for an EMG/NCV OF THE RIGHT UPPER EXTREMITY. The provided RFA is dated 05/06/15 and the date of injury is 10/14/14. The diagnoses has included status post exploration and removal of metallic objects with debridement of contaminated bone from the left wrist and hand, possible carpal tunnel syndrome, left hand ulnar nerve neuropathy, left wrist pain, and motor and sensory demyelinating neuropathy at the wrist, per EMG dated 03/30/15. There are no physical exam findings provided for the right wrist or upper extremity. Treatment to date has included surgery to the left wrist and forearm, imaging of the left wrist and elbow, physical therapy, work restrictions, and medications. Current medications include Norco and Ibuprofen. The patient continues to work modified duty. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regard to the EMG/NCV to the right upper extremity, this patient does not meet guideline criteria. The treater is requesting for a "comparative study with the left upper EMG/NCV, as the findings of median motor and sensory demyelinating neuropathy and this request is for clarification." However, the guidelines do not discuss or support comparative EMG/NCV studies of the non-symptomatic limb. EMG/NCV findings of a limb by itself is adequate diagnostic information and do not require comparative studies. Given the lack of any symptoms on the right side, the request IS NOT medically necessary.