

<b>Case Number:</b>	CM15-0132477		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 42 year old female, who sustained an industrial injury on 7-25-2001. The mechanism of injury is unknown. The injured worker was diagnosed as having flexor tenosynovitis of the ring and small fingers on the right, acquired trigger finger and carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included left carpal tunnel release, therapy and medication management. In a progress note dated 6-10-2015, the injured worker complains of left hand pain and trigger finger. Physical examination showed right ring trigger phenomenon and tenderness of the flexor sheath ring and small on the right palm. The treating physician is requesting electromyography (EMG) and nerve conduction study (NCS) of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/ NCS of bilateral upper extremity/wrists & forearms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Carpal Tunnel Syndrome Procedure Summary Online Version last updated 04/02/2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This claimant was injured now over 14 years ago with diagnoses of flexor tenosynovitis of the ring and small fingers on the right, acquired trigger finger and carpal tunnel syndrome. As of 6-10-2015, the injured worker complains of left hand pain and trigger finger. Physical examination showed right ring trigger phenomenon and tenderness of the flexor sheath ring and small on the right palm. No dermatomal neurologic exam signs, equivocal or otherwise, were noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing even equivocal signs that might warrant clarification with electrodiagnostic testing. No dermatomal neurologic exam signs, equivocal or otherwise, were noted. The request is not medically necessary.