

<b>Case Number:</b>	CM15-0137974		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Emergency 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:

This 34 year old female sustained an industrial injury on 12/15/11. She subsequently reported bilateral upper extremity pain. Diagnoses include left trigger finger and status post bilateral cubital and carpal tunnel release. Treatments to date include hand surgery and physical therapy. Upon examination, the injured worker has free and full range of motion of her elbows, wrists and digits and is neurovascularly intact. Hyperesthesia to light touch in the ulnar nerve distribution but the pinwheel sensation is intact. There is tenderness over the left ring finger flexor tendon sheath at the A1 pulley and locking is present. A request for EMG/NCS Bilateral Upper Extremities was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Bilateral Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 272-273.

**Decision rationale:** The requested EMG/NCS Bilateral Upper Extremities is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Chapter 11 - Forearm, Wrist, Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 268-269, 272-273; note that Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, and recommend electro diagnostic studies with documented exam findings indicative of unequivocal evidence of nerve compromise, after failed therapy trials, that are in need of clinical clarification. The injured worker has free and full range of motion of her elbows, wrists and digits and is neurovascularly intact. Hyperesthesia to light touch in the ulnar nerve distribution but the pinwheel sensation is intact. There is tenderness over the left ring finger flexor tendon sheath at the A1 pulley and locking is present. The treating physician has not documented clinical evidence of an acute clinical change since a previous electro diagnostic study. The criteria noted above not having been met, EMG/NCS Bilateral Upper Extremities is not medically necessary.