

<b>Case Number:</b>	CM15-0146923		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Hawaii  
 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 58 year old female who sustained an industrial injury on 5-22-14. She reported that she slipped and fell "with her hands behind" her, while at work. Her initial complaints were of right hand and wrist pain. She was diagnosed with a right wrist fracture and underwent surgical repair on 6-11-14. Since the surgical repair, the injured worker has received occupational therapy. She was discharged from therapy on 12-5-14 and given instructions on a home exercise program, which included Theraputty for grip and pinch strengthening. On the January 2015 orthopedic provider visit, the injured worker was noted to have improved pain in the right wrist with occasional mild pain with weight bearing. Her range of motion was noted to be "about 90% normal" and "minimally irritable". On the 3-18-15 provider visit, the injured worker returned for follow-up of the wrist. She was noted to have "occasional pain in her wrist with twisting motion". She also reported that the wrist "occasionally feels weak". The treatment plan was to return to work without limitations and to follow-up with the provider in 6 weeks. There are no records available for review regarding the requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS of the right upper extremity:** Overturned

**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): 260-262.

**Decision rationale:** The patient presents with right wrist pain with limited grip strength. The current request is for EMG/NCS of the right upper extremity. The treating physician report dated 5/8/15 (18b) states, Positive right wrist tender, well healed scar, Right wrist positive Tinels, Grip limited, Positive hypoesthesia over median nerve. No atrophy, Request referral for an EMG/NCS of right upper extremity. The ACOEM guidelines on page 178 (cervical chapter) and 260-262 (wrist chapter) state, 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. The assessment may include sensory-evoked potentials. (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Repeat studies, test may be repeated later in the course of treatment if symptoms persist. In this case, there is no prior documentation of an EMG/NCS study, the patient has had persistent right upper extremity pain after more than 4 weeks of conservative care and the physician notes that the patient has not been able to return to full work duty. The current request is medically necessary.