

<b>Case Number:</b>	CM15-0160693		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on 1-6-03. The injured worker has complaints of severe pain in both upper extremities with severe cramps, numbness and tingling, worse on the right than the left. Examination of both hands reveals positive Phalen's and Tinel's signs, positive Finkelstein's maneuvers and passive range of motion of the wrists are painful on flexion to extension. The documentation noted that there is disuse atrophy in the thenar eminences and interosseous muscles of both hands. The diagnoses have included bilateral wrist pain, chronic tendinitis from overuse; De Quervains tenosynovitis and carpal tunnel syndrome like complaints with negative nerve studies in the past. Treatment to date has included mobic; lorzone; norco and cock-up braces. The request was for one (1) x -ray of left and right hand and wrist, as an outpatient and one electromyography and nerve conduction study of right hand and wrist as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) x -ray of left hand/wrist, as an outpatient: 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): 271-274.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend x-ray in the evaluation of wrist or hand pain unless there is suspicion of malignancy, fracture or infection. The provided medical records do not show these criteria to have been met and therefore the request is not medically necessary.

**One (1) electromyogram (EMG) and Nerve Conduction Studies (NCS) of right hand/wrist, as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure; Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. 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. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The provided documentation does not show any signs of emergence of red flags or subtle physiologic evidence of tissue insult or neurologic dysfunction. There is no mention of planned invasive procedures. There are no subtle neurologic findings listed on the physical exam. For these reasons criteria for special diagnostic testing has not been met per the ACOEM. Therefore the request is not medically necessary.

**One (1) x-ray of right hand/wrist, as an outpatient:** 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): 271-274.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints and special diagnostic imaging Table 11-6 does not recommend x-ray in the evaluation of wrist or hand pain unless there is suspicion of malignancy, fracture or infection. The provided medical records do not show these criteria to have been met and therefore the request is not medically necessary.