

<b>Case Number:</b>	CM15-0162847		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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, California  
 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:

This is a 45 year old female patient, who sustained an industrial injury on August 19, 2014. She sustained the injury while removing nectarine pit with the fingers. The diagnoses include right wrist pain, right hand sprain and right thumb sprain, and radial styloid tenosynovitis. Per the doctor's note dated 7/9/2015, she had complaints of constant sharp right wrist pain radiating to the right arm with weakness aggravated by repetitive movement; right thumb pain radiating to the right hand with numbness, tingling and weakness associated with repetitive movement. The physical examination revealed decreased and painful range of motion of the right wrist. The medications list includes Tylenol ES. She has had magnetic resonance imaging of the right thumb dated 5/14/2015, which revealed osteoarthritis. Treatment included anti-inflammatory drugs, pain medications, physical therapy, massage, electrical stimulation, exercise and paraffin wax. The treatment plan that was requested for authorization included Electromyography studies of the left upper extremity and Nerve Conduction Velocity studies of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of LUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** EMG of LUE -Per the ACOEM guidelines, "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." Per the records provided patient had neurological symptoms on the RIGHT upper extremity- RIGHT wrist pain radiating to the RIGHT arm with weakness; RIGHT thumb pain radiating to the RIGHT hand with numbness, tingling and weakness. Evidence of neurological symptoms in the LEFT upper extremity is not specified in the records provided. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of EMG of LUE is not fully established for this patient; the request is not medically necessary.

**NCV of LUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** NCV of LUE - Per the ACOEM guidelines, "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." Per the records provided patient had neurological symptoms on the RIGHT upper extremity- RIGHT wrist pain radiating to the RIGHT arm with weakness; RIGHT thumb pain radiating to the RIGHT hand with numbness, tingling and weakness. Evidence of neurological symptoms in the LEFT upper extremity is not specified in the records provided. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of NCV of LUE is not fully established for this patient; the request is not medically necessary.