

<b>Case Number:</b>	CM15-0164487		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	07/29/2008
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Arizona, 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 07-29-2008. She has reported injury to the bilateral upper extremities. The diagnoses have included bilateral medial epicondylitis; bilateral lateral epicondylitis; bilateral wrist tendinitis; bilateral de Quervain's tenosynovitis, status post release, in 2009; and chronic pain syndrome both upper extremities. Treatment to date has included medications, diagnostics, bracing, splinting, injections, physical therapy, home exercise program, hand therapy, and surgical intervention. Medications have included Tramadol, Norco, Cyclobenzaprine, and Diclofenac. A progress report from the treating physician, dated 06-11-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral elbow, bilateral wrists, and bilateral hands, with radiation to both arms; the right arm and wrist pain is the worst; she feels like crying at times; the pain is associated with tingling in the fingers and weakness in the hands; the pain is constant in frequency and moderate in intensity; the pain is rated as an 8 out of 10 in intensity, but as 5 at its best, and at 10 at its worst; the pain increases with repetitive movement, writing, and doing exercises; and the pain is relieved with medication and bracing. It is noted in the submitted documentation that physical therapy provided her with moderate pain relief; cortisone injections provider her with no significant pain relief; and she is currently working part-time. Objective findings included motor strength testing is rated at 4 out of 5 and symmetric throughout the bilateral upper extremities, except for bilateral hand grip strength which was 4 out of 5 bilaterally; two-point intact, but she states that it is painful; sensory exam is grossly intact to light touch and pinprick throughout the upper and lower extremities; bilateral

wrists with negative Tinel's, Phalen's, and Finkelstein's signs; and bilateral tenderness to palpation is noted over the lateral epicondyles. The treatment plan has included the request for EMG (Electromyography)-NCS (Nerve Conduction Study) of the right wrist.

### **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 Wrist: Upheld**

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

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

**Decision rationale:** According to the guidelines, EMG/NCV is recommended for ulnar impingement after failure of conservative treatment. It is not recommended for routine evaluation of nerve entrapment without symptoms. In this case, the claimant does have a history and current symptoms consistent with epicondylitis and tendonitis. There is no indication for ulnar nerve entrapment or carpal tunnel findings. The request for an EMG/NCV is not medically necessary.