

<b>Case Number:</b>	CM15-0189166		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 24 year old male, who sustained an industrial injury on 02-26-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for right hand-finger pain status post amputation of distal 3rd to 4th digit, right elbow sprain-strain, right shoulder sprain-strain, chest pain, and anxiety- stress. Treatment and diagnostics to date has included medications. Recent medications have included a compound cream. After review of the progress note dated 07-31-2015, objective findings included right upper trapezius spasm and tenderness to palpation to right wrist-hands. No subjective data noted on progress note. The Utilization Review with a decision date of 08-25-2015 non-certified the request for electromyography-nerve conduction velocity studies of right upper extremities as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of right upper extremities, as an outpatient:** Overturned

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

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

**Decision rationale:** The patient presents with headaches, chest pain, right shoulder pain, right elbow and forearm pain, right wrist, hand, ring and middle finger pain. He also complains of anxiety, depression and insomnia. The request is for EMG/NCV of right upper extremities, as an outpatient. The request for authorization is not provided. The patient is status-post amputation of distal 3rd and 4th fingers. Patient's diagnoses include right hand and finger pain; right elbow pain sprain/strain; right shoulder pain sprain/strain; chest pain; anxiety and stress. Physical examination of the shoulder/upper arm reveals tenderness is noted over the right pectoralis, triceps, biceps, and deltoid. Positive apprehension on the right. Full range of motion with pain on the right. Exam of elbow reveals tenderness is noted over the right extensor muscle, flexor muscle, and cubital fossa. Full range of motion. Pain throughout the range of motion on the right. Exam of wrist/hand reveals tenderness is noted over the right interosseous space 1/2, 2/3, and 3/4. Pain throughout the range of motion on the right. Exam of fingers reveals partial amputation on the distal phalangeal 3rd and 4th digits with healed scar. Hyperesthesia around the scar and tip of finger. Point tenderness is noted over the right 3rd and 4th digits. Range of motion is limited on the right at MCPJ, PIPJ, DIPJ with 3rd and 4th digits. Exam of neck reveals range of motion is within normal limits. Neck is supple without adenopathy, thyromegaly, or jugular venous distension. Neurologic exam reveals strength is 5/5 in all extremities. Sensation is intact to light touch, pinprick, vibration, and position. Normal reflexic biceps and knee jerks bilaterally. Patient's medications include Ibuprofen, Cyclobenzaprine, and Compound Cream. Per progress report dated 07/31/15, the patient is TTD. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with right upper extremity pain. Review of provided medical records show no evidence that the patient has had a prior EMG/NCV of right upper extremities study done. Therefore, the request is medically necessary.