

<b>Case Number:</b>	CM15-0202168		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old male, who sustained an industrial injury on 6-24-15. He reported a right thumb laceration. The injured worker was diagnosed as having right thumb pain, right hand pain, right carpal tunnel syndrome, right tendon laceration status post repair, and mallet finger status post repair. Treatment to date has included right thumb extensor tendon repair and repair of mallet finger deformity of the right thumb on 7-2-15, at least 3 physical therapy visits, and medication including Naproxen. On 9-15-15 physical examination findings included decreased range of motion of the right thumb and right wrist. Pain to palpation was noted throughout the right thumb and right wrist. Carpal tunnel compression test, Phalen's test, Tinel's sign were positive. On 9-21-15, the injured worker complained of right hand pain, burning, and numbness. The treating physician requested authorization for a nerve conduction study and electromyography of the right upper extremity. On 9-23-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS (nerve conduction study), right upper extremity:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in June 2015 when his right hand caught on a piece of metal while working in construction with a thumb laceration over the extensor pollicis longus and underwent an extensor tendon repair on 07/02/15. When seen, treatments had included physical therapy. He had burning pain with numbness and tingling over the thumb and first two digits. There was severely decreased thumb and right wrist range of motion. Carpal compression, Tinel, and Phalen test were positive. There was decreased finger strength which was difficult to assess due to pain. Authorization for electrodiagnostic testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome. Criteria include that the testing be medically indicated. In this case, the claimant has a history of a traumatic injury and has physical examination findings consistent with carpal tunnel syndrome. He may also have sustained an injury to the superficial radial nerve sensory branch. NCS testing of the right upper extremity is medically necessary.

**EMG (electromyography), right upper extremity:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant sustained a work injury in June 2015 when his right hand caught on a piece of metal while working in construction with a thumb laceration over the extensor pollicis longus and underwent an extensor tendon repair on 07/02/15. When seen, treatments had included physical therapy. He had burning pain with numbness and tingling over the thumb and first two digits. There was severely decreased thumb and right wrist range of motion. Carpal compression, Tinel, and Phalen test were positive. There was decreased finger strength which was difficult to assess due to pain. Authorization for electrodiagnostic testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome. Criteria include that the testing be medically indicated. In this case, the claimant has a history of a traumatic injury and has physical examination findings consistent with carpal tunnel syndrome. He may also have sustained an injury to the superficial radial nerve sensory branch. NCS testing of the right upper

extremity is medically necessary. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. The claimant has weakness which was difficult to assess due to pain and EMG testing is medically necessary.