

<b>Case Number:</b>	CM15-0028438		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2015

### 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:

The injured worker is a 54 year old female, who sustained an industrial injury on January 13, 2012. She has reported that while wringing out a mop she felt a numbness sensation into the right hand. The diagnoses have included status post right carpal tunnel release on March 29, 2012, right first CMC osteoarthritis, right wrist pain, left carpal tunnel syndrome, and right trigger thumb. Treatment to date has included splinting, carpal tunnel release in 2012, and medications. Currently, the injured worker complains of persistent pain and clicking of her right thumb, with worsening numbness into the right hand and numbness in the left hand. The Treating Physician's report dated January 20, 2015, noted the injured worker's right hand had decreased sharp-dull discrimination over the radial digits, with positive Tinel's and Phalen's and pain over the A1 pulley of the right thumb. She had pain and clicking in right hand and worsening of numbness in right hand. The injured worker was noted to be frustrated with the worsening symptoms in her right hand. The patient has had NCS on September 25, 2014 and in 2012. Any diagnostic report was not specified in the records provided. Patient has received 6 PT in 2012 visits for this injury. She was using anti inflammatory medication for this injury

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right upper extremity NCS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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 patient has had NCS on September 25, 2014 and in 2012. Any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electrodiagnostic study were not specified in the records provided. Patient has received 6 PT in 2012 visits for this injury. The details of recent PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for Right upper extremity NCS is not fully established for this patient.