

<b>Case Number:</b>	CM15-0212075		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 32 year old right hand dominant female who sustained an industrial injury on 11-11-14. A review of the medical records indicates that the worker is undergoing treatment for a history of torsion injury involving the right arm with: right wrist strain with possible lunotriquetral ligament disruption, right median and ulnar neuritis, and right shoulder tendinopathy. Subjective complaints (9-10-15) include progressive numbness and weakness affecting the right hand and upper extremity, constant numbness in the right 3rd and 5th digits with loss of strength and dexterity. Objective findings (9-10-15) include sensation is attenuated in the right 3rd through 5th digits with a moderate degree of new onset ulnar intrinsic weakness, increased tenderness now present on the ulnar margin of the wrist mild tenderness just distal to the ulnar styloid, and minimal tenderness over the 6th dorsal compartment. There is focal tenderness over the carpal tunnel and Guyon's canal with milder tenderness at the cubital tunnel. The physician reports sensation to light touch is decreased in the middle, ring and small fingers and static 2 point discrimination in these digits is present greater than 10mm. Lunatotriquetral ballottement is questionably positive (right), Tinel's sign and Phalen's sign are positive (right). The physician notes there is a progressive loss of the ulnar intrinsic weakness in the right arm with a more fixed sensory deficit in the ulnar innervated digits. Work status is noted as modified duties with restrictions-limitations. Previous treatment includes at least 6 sessions of physical therapy. The treatment plan includes authorization to treat the right shoulder, Naprosyn, Protonix, Ultracet, electrodiagnostic studies, MR arthrogram right wrist, continue use of right wrist splint, and a qualitative urine drug screen was administered. A request for authorization (9-10-15) is for electrodiagnostic studies of the upper extremities and notes that bilateral

study is requested for comparison purposes. The requested treatment of electrodiagnostic studies of bilateral upper extremities was modified to electrodiagnostic study of right upper extremity on 10-15-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Electro diagnostic studies of bilateral upper extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow and Wrist Chapter EDS.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Review indicates the request for electrodiagnostic studies of bilateral upper extremities was modified for only the right upper extremity. Per MTUS Guidelines, with specific symptoms or neurological compromise consistent with possible entrapment syndrome, medical necessity for NCV has been established; however, there is no indication of symptom complaints for cervical radiculopathy, foraminal or spinal stenosis to establish medical necessity for EMG. Submitted reports have only demonstrated symptoms or clinical findings to suggest possible entrapment syndrome exhibited only on the right upper extremity without indication to perform bilateral studies as noted here for comparison. The electro diagnostic studies of bilateral upper extremities are not medically necessary and appropriate.