

<b>Case Number:</b>	CM15-0215473		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 female who sustained an industrial injury on 12-18-14. A review of the medical records indicates she is undergoing treatment for right wrist pain and TFCC (triangular fibrocartilage complex) injury. Medical records (5-27-15, 6-24-15, 7-8-15, 8-26-15, 9-4-15, and 9-23-15) indicate ongoing complaints of right wrist pain that radiates to the forearm and elbow. The physical exam (9-23-15) reveals negative snuff box tenderness. Tenderness is noted of the radial-scaphoid, dorsally. TFCC tenderness is positive. Diagnostic studies have included an MRI of the right wrist. Treatment has included use of ice, splinting, activity modification, modified work duties, a cortisone injection, and trigger point injections. The injured worker expressed that she "wants and EMG-NCV to see if she has any nerve damage". She also states that she "feels like people don't believe her that she is still in pain". The utilization review (10-15-15) includes a request for authorization of EMG-NCV for the right upper extremity. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS for the right upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

**Decision rationale:** Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or cervical radiculopathy only with continued diffuse tenderness without neurological deficits or specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic 2014 injury without new injury or acute changed findings. The EMG/NCS for the right upper extremity is not medically necessary or appropriate.