

<b>Case Number:</b>	CM15-0222477		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	04/16/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 35 year old female, who sustained an industrial injury on April 16, 2015. She reported right arm and bilateral wrist pain. The injured worker was currently diagnosed as having right forearm strain, right wrist strain and sprain and rule out right wrist carpal tunnel syndrome. Treatment to date has included medications. On October 2, 2015, the injured worker complained of right arm and bilateral wrist pain, right greater than left. Physical examination revealed right forearm tenderness to palpation anteriorly and posteriorly and right wrist tenderness to palpation including dorsal, palmar, ulnar and radial aspects. Range of motion was noted to be "decreased." Tinel's and Phalen's tests were positive. There was decreased motor strength of the right wrist and hand rated 4 out of 5. There was decreased sensation of the right upper extremity median nerve distribution. The treatment plan included right wrist brace, hot and cold unit, TENS unit, EMG-NCV of bilateral upper extremities and functional capacity evaluation. On October 15, 2015, utilization review denied a request for an x-ray of the right wrist and electromyography and nerve conduction velocity studies of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Ray of the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography.

**Decision rationale:** ACOEM states: For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out  
ODG Indications for imaging -- X-rays:- Acute hand or wrist trauma, wrist trauma, first exam- Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days - Acute hand or wrist trauma, suspect distal radioulnar joint subluxation- Acute hand or wrist trauma, suspect hook of the hamate fracture, Acute hand or wrist trauma, suspect metacarpal fracture or dislocation, Acute hand or wrist trauma, suspect phalangeal fracture or dislocation, Acute hand or wrist trauma, suspect thumb fracture or Dislocation, Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury), Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. The treating physician has not provided documentation as to why this x-ray is being requested this far post initial injury. There is no indication that this patient has had a re-injury, new injury, or evidence of red flag symptoms. Further, medical records do not indicate what prior conservative care treatments were attempted. As such, the request for X-Ray of the right wrist is not medically necessary.

**Electromyography and Nerve Conduction Velocity Studies of Bilateral upper Extremities:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** ACOEM 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. ODG further clarifies NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In the submitted medical records, the treating physician does not document conservative therapy, evidence of radiculopathy or abnormal neurologic findings. The treating physician has not met the above ACOEM and ODG criteria for an NCV of the upper extremities. As such, the request for Electromyography and Nerve Conduction Velocity Studies of Bilateral upper Extremities is not medically necessary.

