

<b>Case Number:</b>	CM15-0039417		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57 year old female, who sustained an industrial injury on 07/11/2014. On provider visit dated 01/27/2015 the injured worker has reported right wrist pain and numb fingers. On examination of right wrist, she was noted to have a clean and dry incision with no signs of infection or erythema. The diagnoses have included 2.5 months status post right carpal tunnel release with subjectively no improvement. Treatment to date has included medication and electromyogram/nerve conductions studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat EMG/NCS right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** This 57 year old female has complained of right wrist pain since date of injury 7/11/14. She has been treated with medications, physical therapy and carpal tunnel release surgery 2 months prior to this request. The current request is for repeat EMG/NCS of the right upper extremity. Per the ACOEM guidelines cited above, appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. There are however no new symptoms or physical examination findings documented to support obtaining repeat electrodiagnostic studies at this time. On the basis of the available medical documentation and per the ACOEM guidelines cited above, EMG/NCS of the right upper extremity is not indicated as medically necessary.

**Neurology consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** This 57 year old female has complained of right wrist pain since date of injury 7/11/14. She has been treated with medications, physical therapy and carpal tunnel release surgery 2 months prior to this request. The current request is for neurology consultation. There are no new symptoms or physical examination findings documented in the available medical records that support the request to obtain a neurology consultation at this time. Additionally the medical rationale for obtaining this consultation is not provided. On the basis of the available medical documentation and per the ACOEM guidelines cited above, neurology consultation is not indicated as medically necessary.