

<b>Case Number:</b>	CM15-0083983		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Hawaii  
 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 55 year old female who sustained an industrial injury on February 3, 2014. She has reported injury to the neck, lower left back, right hand and wrist, and bilateral knees and has been diagnosed with myoligamentous strain of the cervical spine, myoligamentous strain of the lumbar spine, inflammatory process of the right wrist, rule out instability, inflammatory process of the left knee, rule out internal derangement, and status post left knee arthroscopy. Treatment has included medical imaging and medication. Physical examination noted tenderness on palpation of the neck, back, right wrist, and bilateral knees. Range of motion was decreased. The treatment request included an EMG of bilateral upper extremities and right wrist cock up splint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyogram (EMG), bilateral upper extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Electromyography; ODG, Neck and Upper Back, Nerve conduction studies.

**Decision rationale:** The patient presents with pain affecting the neck, back, right wrist and bilateral knees. The current request is for Electromyogram (EMG), bilateral upper extremities. The treating physician report dated 03/3/15 (12B) states, "Neurology consultation for EMG/NCV of the bilateral upper extremities." The ACOEM guidelines state, "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 assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." Repeat studies, "test may be repeated later in the course of treatment if symptoms persist." The medical reports provided do not show that the patient has received prior EMG or NCV studies previously. In this case, the patient presents with chronic pain of the neck pain with radiation to the bilateral trapezius and bilateral wrists with paresthesia of the right 3rd and 4th digits. Furthermore, the patient's symptoms have persisted for longer than 3-4 weeks. The request is medically necessary; recommendation is for authorization.

**Durable medical equipment (DME) wrist cock up splint, right:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Splints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264. Decision based on Non-MTUS Citation ODG, Wrist, Splints.

**Decision rationale:** The patient presents with pain affecting the neck, back, right wrist and bilateral knees. The current request is for Durable medical equipment (DME) wrist cock up splint, right. The treating physician report dated 03/3/15 (12B) states, "Dull to sharp pain in the right hand and wrist, occurring constantly, with numbness and tingling in her 3-4th fingers. She has weakness in the right wrist." The MTUS guidelines do not address the current request. The ACOEM guidelines do support splints to help reduce pain. The ODG guidelines states the following: "A recent randomized controlled study concluded that prefabricated wrist working splints are highly effective in reducing wrist pain after 4 weeks of splint wearing in patients with wrist arthritis. A small splint for pain relief during the day combined with a custom-made and rigid splint for prevention of deformities at night may be an optimal regimen." In this case, the patient presents with chronic right wrist and hand pain and an MRI dated 4/24/14 shows two small cysts of the capitate. Furthermore, the report dated 3/3/15 states, "Inflammatory process of the right wrist, rule out instability." The current request for a wrist splint for the right wrist is supported by the ACOEM and ODG guidelines as the patient presents with wrist pain, weakness, and possible instability. The request is medically necessary; recommendation is for authorization.

