

<b>Case Number:</b>	CM15-0085849		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 29 year old female patient who sustained an industrial injury on 09/05/2014. A primary treating office visit dated 11/20/2014 reported the patient with subjective complaint of having increased pain. In addition, he reports having side effects from the Gabapentin. Objective findings showed the physical examination unchanged. She is diagnosed with: right hand/wrist pain, and chronic pain syndrome. The plan of care noted the patient to take Topamax, Tramadol and follow up in one month. Another more recent follow up visit dated 01/29/2015 showed the patient being frustrated with pain increasing. Of note, the Valium was increased to 10mg TID. The patient has been seeing he own psyche doctor for the past year as a result of anxiety and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Forearm, Wrist and Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck & Upper Back, Special Studies and Diagnostic and Treatment Considerations, pages 177-178.

**Decision rationale:** Injury etiology is unclear for diagnosis of wrist/hand strain/sprain for this September 2014 without acute trauma or failed conservative treatment identified. Clinical exam showed no specific correlating neurological deficits defined identifying possible neurological compromise. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG and NCV have not been established. Submitted reports have not demonstrated any correlating symptoms and clinical findings with diffuse ill-defined diminished sensation and intact motor strength to suggest any radiculopathy or entrapment syndrome only with continued chronic pain with tenderness without specific consistent myotomal or dermatomal correlation to support for these electrodiagnostic studies. The request is not medically necessary and appropriate.

**MRI Right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Forearm, Wrist and Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Wrist/Hand/Forearm, Special Studies and Diagnostic, pages 268-269.

**Decision rationale:** There is no history or acute trauma or x-ray findings presented for this chronic injury. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Right wrist is not medically necessary and appropriate.

**MRI Right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Forearm, Wrist and Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Wrist/Hand/Forearm, Special Studies and Diagnostic, pages 268-269.

**Decision rationale:** There is no history or acute trauma or x-ray findings presented for this chronic injury. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI with exam findings only indicating tenderness without instability or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Right hand is not medically necessary and appropriate.