

<b>Case Number:</b>	CM14-0119377		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48 year old male who was injured on January 5, 2012 to the left wrist. The mechanism of injury is noted as left wrist injury during exercise training. The diagnoses listed as other wrist sprain (842.9). The most recent progress note dated 6/2/14, reveals complaints of left wrist pain. Prior treatment includes left wrist surgery with ulnar shortening osteotomy and ligament reconstruction, medications, corticosteroid injection in the dorsal radial ulnar joint which he states did help quite a bit for a few weeks, continues with pain somewhat diffusely to the wrist but more so to the distal radioulnar joint, as well as weakness or numbness. The injured worker reported that he never really regained strength after surgery. The physical examination revealed most of the tenderness is to the distal radioulnar joint (DRUJ), some tenderness to the fovea and ECU, Phalen's exam causes pain at the wrist, volar flexion compression test causes dorsal wrist pain but no numbness, grip is poor to fair, Tinel's at the left, elbow causes some symptoms or funny sensation into the ring and small finger, elbow compression test makes this worse, Spurlings exam on the left causes some left sided neck pain going to the left upper arm. At that time a CT scan and bilateral upper extremity electromyography and nerve conduction velocity was recommended. A prior utilization review determination dated 6/26/14 resulted in denial of bilateral upper extremity electromyography and bilateral upper extremity nerve conduction velocity test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**bilat upper extremity Electromyography:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Complaints.

**Decision rationale:** The claimant has suffered an industrial injury on 6/2/14 to the Left upper extremity for which he has undergone ulnar shortening osteotomy, ligament reconstruction, medications, and corticosteroid injection in the dorsal radial ulnar joint. The claimant has complaints of pain and weakness about the distal radiulnar joint (DRUJ). While electrodiagnostic testing may be helpful to discern the cause of the weakness versus sensory findings of the Left upper extremity, there is no documentation to support the same electrodiagnostic testing for uninjured Right upper extremity. The request is for bilateral upper extremity EMG remains not medically necessary.

**Bilat upper extremity Nerve Conduction Velocity test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand Complaints Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Forearm, Wrist & Hand, Electrodiagnostic testing

**Decision rationale:** The claimant has suffered an industrial injury on 6/2/14 to the Left upper extremity for which he has undergone ulnar shortening osteotomy, ligament reconstruction, medications, and corticosteroid injection in the dorsal radial ulnar joint. The claimant has complaints of pain and weakness about the distal radiulnar joint (DRUJ). While electrodiagnostic testing may be helpful to discern the cause of the weakness versus sensory findings of the Left upper extremity, there is no documentation to support the same electrodiagnostic testing for uninjured Right upper extremity. The request is for bilateral upper extremity NCV remains not medically necessary.