

<b>Case Number:</b>	CM15-0118318		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 35-year-old female, who sustained an industrial injury on 05/28/2014, secondary to a fall injuring her right index finger. On provider visit dated 04/01/2015 the injured worker has reported second and third finger pain with a decreased range of motion. Left hand numbness with weakness was noted as well. On examination of the right hand swelling, crepitus with flexion and extension of the fingers was noted and a decreased range of motion. A mass was noted to the dorsal aspect of the right forearm. Left hand revealed positive Tinel's and carpal compression sign. Positive Phalen was noted as well. A mass to the ventral forearm was noted as well, and at the left fourth flexor tendon as well. The diagnoses have included status post-surgical repair, partial tear of the proximal fibers of the volar aspect of the ulnar collateral ligament at the metacarpophalangeal joint of the right index finger, status post repair of avulsion of the proximal ulnar one-half of the volar plate and left hand carpal tunnel syndrome consistent with overuse due to right hand injury. Treatment to date has included medication. The provider requested electromyogram of right and left wrist and nerve conduction velocity study of the right and left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG of right wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** This patient presents with bilateral wrist pain. The current request is for EMG of right wrist. The RFA is dated 05/29/15. Treatment history includes medications, physical therapy and right hand surgery 01/15/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." According to progress report 05/28/15, the patient continues with bilateral wrist pain with weakness in the hands and second and third finger decreased range of motion. On examination of the right hand showed swelling, crepitus with flexion and extension of the fingers with decreased range of motion. A mass was noted to the dorsal aspect of the right forearm. Examination of the left hand revealed positive Tinel's and carpal compression sign. Positive Phalen's was noted as well. A mass to the ventral forearm was noted as well. The treater recommended an EMG and NCV for the bilateral wrist to evaluate the severity of carpal tunnel. Medical records do not include any previous EMG of the right upper extremity. Given the patient's current diagnosis including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an EMG study is substantiated. The request is medically necessary.

**EMG of the left wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** This patient presents with bilateral wrist pain. The current request is for EMG of left wrist. The RFA is dated 05/29/15. Treatment history includes medications, physical therapy and right hand surgery 01/15/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." According to progress report 05/28/15, the patient continues with bilateral wrist pain with weakness in the hands and second and third finger decreased range of motion. On examination of the right hand showed swelling, crepitus with flexion and extension of the fingers with decreased range of motion. A mass was noted to the dorsal aspect of the right forearm. Examination of the left hand revealed positive Tinel's and carpal compression sign. Positive Phalen's was noted as well. A mass to the ventral forearm was noted as well. The treater recommended an EMG and NCV for the bilateral wrist to evaluate the severity of carpal tunnel. Medical records do not include any previous EMG of the right upper extremity. Given the patient's current diagnosis including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an EMG study is substantiated. The request is medically necessary.

**NCV of the right wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** This patient presents with bilateral wrist pain. The current request is for NCV of the right wrist. The RFA is dated 05/29/15. Treatment history includes medications, physical therapy and right hand surgery 01/15/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." According to progress report 05/28/15, the patient continues with wrist pain and weakness in the hands with second and third finger decreased range of motion. On examination of the right hand showed swelling, crepitus with flexion and extension of the fingers with decreased range of motion. A mass was noted to the dorsal aspect of the right forearm. Examination of the left hand revealed positive Tinel's and carpal compression sign. Positive Phalen's was noted as well. A mass to the ventral forearm was noted as well. The treater

recommended an EMG and NCV for the bilateral wrist to evaluate the severity of carpal tunnel. Medical records do not include any previous EMG/NCV of the right upper extremity. Given the patient's current diagnosis including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an NCV study is substantiated. The request is medically necessary.

**NCV of the left wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178, 260-262.

**Decision rationale:** This patient presents with bilateral wrist pain. The current request is for NCV of the left wrist. The RFA is dated 05/29/15. Treatment history includes medications, physical therapy and right hand surgery 01/15/15. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "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." MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, page 260-262 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." According to progress report 05/28/15, the patient continues with wrist pain and weakness in the hands with second and third finger decreased range of motion. On examination of the right hand showed swelling, crepitus with flexion and extension of the fingers with decreased range of motion. A mass was noted to the dorsal aspect of the right forearm. Examination of the left hand revealed positive Tinel's and carpal compression sign. Positive Phalen's was noted as well. A mass to the ventral forearm was noted as well. The treater recommended an EMG and NCV for the bilateral wrist to evaluate the severity of carpal tunnel. Medical records do not include any previous EMG/NCV of the left upper extremity. Given the patient's current diagnosis including reports of weakness and pain and a lack of EMG/NCV studies to date, the request for an NCV study is substantiated. The request is medically necessary.