Case Number:	CM15-0122348		
Date Assigned:	07/06/2015	**Date of Injury:**	11/13/2012
Decision Date:	07/31/2015	**UR Denial Date:**	05/26/2015
Priority:	Standard	**Application Received:**	06/24/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 (IW) is a 51 year old female who sustained an industrial injury on 11/13/ 2012. She reported injury to the left wrist/hand and thumb. The injured worker was diagnosed as having carpal tunnel syndrome; median nerve entrapment; partial thenar atrophy; wrist/hand tenosynovitis. Treatment to date has included medications and splinting, diagnostics and duty modifications. On the visit of 05/15/2015, the injured worker complains of worsening pain in the area of the proximal/medial hand over pisiform. On examination, there is soft tissue swelling, limited range of motion, and tenderness in the medial/proximal bony prominence. Tenderness is noted with palpation of the left wrist first dorsal compartment. Range of motion of the left hand is limited. Extension of the hand is to 40 degrees. The treatment plan includes medications, an electromyogram nerve conduction study, and a bone scan of the left hand/wrist. A request for authorization is made for the following: 1. EMG (electromyography) / NCV (nerve conduction velocity) Left Upper Extremity, outpatient; and 2. Bone scan Left Hand/Wrist, outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) / NCV (nerve conduction velocity) Left Upper Extremity, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: EMG (electromyography) / NCV (nerve conduction velocity) left upper extremity, outpatient is not medically necessary per the MTUS Guidelines. The MTUS states that 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 documentation does not indicate evidence of neurologic dysfunction in the left upper extremity that would necessitate NCS/EMG testing.

Bone scan Left Hand/Wrist, outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist and Hand - Bone scan.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand-radiography.

Decision rationale: Bone scan left hand/wrist, outpatient is medically necessary per the ODG and the ACOEM MTUS Guidelines. The MTUS states that a bone scan may diagnose a suspected scaphoid fracture with a very high degree of sensitivity, even if obtained within 48 to 72 hours following the injury. For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. However, in one large study, wrist fractures, especially those of the distal radius and scaphoid, accounted for more delayed diagnoses than any other traumatized region in patients with initial normal emergency room radiographs. The MTUS states that when initial radiographs are equivocal, or in the presence of certain clinical or radiographic findings, further imaging is appropriate. This may be as simple as an expanded series of special views or fluoroscopic spot films; or may include, bone scintigraphy. The documentation indicates that the patient has first dorsal compartment tenderness. It is reasonable to obtain a bone scan to evaluate for possible fracture of the scaphoid. The request for left hand bone scan is medically necessary.