

<b>Case Number:</b>	CM15-0127789		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 67 year old male, who sustained an industrial injury on 9-23-2013. He reported a left wrist injury after being hit by a door. Diagnoses have included left shoulder impingement, left wrist arthritis, scapholunate ligament tear, distal radioulnar joint (DRUJ) arthritis, possible cubital tunnel syndrome, triangular fibrocartilage complex (TFCC) tear left wrist and left carpal tunnel syndrome. Treatment to date has included surgery, physical therapy and magnetic resonance imaging (MRI). According to the progress report dated 6-8-2015, the injured worker complained of left wrist pain with numbness and tingling into the left ring and small finger. He was taking Norco and Ibuprofen. Physical exam revealed atrophy of the left, first dorsal interosseous region. There was decreased sensation to light touch to the left small finger and the dorsal, ulnar left hand. There was equivocal left elbow flexion test, causing symptoms into the long finger more than ring or small. There was tenderness on the left wrist triangular fibrocartilage complex (TFCC). Authorization was requested for nerve conduction velocity (NCV) and electromyography (EMG) of the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG left upper extremity x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) upper extremity, EMG.

**Decision rationale:** EMG is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records report progressive neurologic findings with weakness and numbness across 1 dermatome which correlates to a radiculopathy. As such EMG studies are not medically necessary.

**NCV Left Upper Extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) upper extremity, NCV.

**Decision rationale:** ODG supports NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The medical records report progressive neurologic findings with weakness and numbness across 1 dermatome which correlates to a radiculopathy. As such NCV studies are not medically necessary.