

<b>Case Number:</b>	CM15-0039496		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 male, who sustained an industrial injury on May 5, 2014. He has reported left hand pain and left shoulder pain. Diagnoses have included sprain/strain of the hand, joint capsulitis, and numbness/parasthesias of the skin. Treatment to date has included medications and physical therapy. A progress note dated December 29, 2014 indicates a chief complaint of continued pain. The treating physician documented a plan of care that included medications and electromyogram/nerve conduction velocity study of the left hand and thumb to determine the cause of sensation deficit. The medical record noted that the injured worker was not getting relief with topical pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV Left Upper Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on EMG/NCS.

**Decision rationale:** The patient presents with left shoulder, left-hand/thumb pain. The physician is requesting NCV LEFT UPPER EXTREMITY. The RFA from 11/25/2014 shows a request for EMG NCV upper. The patient's date of injury is from 05/05/2014 and he is currently on modified duty. The ACOEM guidelines Chapter 11 on Forearm, Wrist, and Hand complaints page 262 on EMG/NCV states that appropriate studies -EDS- may help differentiate between CTS and other condition such as cervical radiculopathy. In addition, ODG states that electrodiagnostic testing includes testing for nerve conduction velocities and possibly the addition of electromyography -EMG. Electromyography and nerve conduction velocities including H-reflex test may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both, lasting more than 3 or 4 weeks. The records do not show any previous EMG/NCV of the left upper extremity. The 12/01/2014 progress report shows that the patient continues to complain of pain in the left thumb. He cannot grab with the left-hand. There is mild swelling on the left thumb. Two point discrimination on radial side of thumb is 13mm. Jamar grip strength on the left hand is 44, 46, and 42. In this case, the patient does not present with any symptoms in the upper extremity except for left hand/thumb pain. There are no radicular symptoms and no symptoms that suggest peripheral neuropathy. The request IS NOT medically necessary.

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