

<b>Case Number:</b>	CM15-0062732		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: California, Arizona

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 45 year old male who sustained an industrial injury on 5/1/13. The injured worker reported symptoms in the left shoulder. The injured worker was diagnosed as having status post left shoulder arthroscopic subacromial decompression and left wrist internal derangement. Treatments to date have included physical therapy, transcutaneous electrical nerve stimulation unit, oral pain medication; status post left shoulder surgery, and activity modification. Currently, the injured worker complains of left shoulder pain. The plan of care was for diagnostics and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the left wrist, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 289-290.

**Decision rationale:** The requested MRI of the left wrist is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has neurological deficits of the left wrist. The American College of Occupational and Environmental Medicine supports the use of an MRI to clarify a diagnosis. However, previous documentation indicates that the injured worker has been authorized for an electrodiagnostic study of the left upper extremity. The need for additional diagnostic studies would not be supported. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested MRI of the left wrist is not medically necessary or appropriate.

**Neuro-diagnostic studies of the right upper extremities to rule out CTS, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 289-290.

**Decision rationale:** The requested neuro-diagnostic studies of the right upper extremity to rule out carpal tunnel syndrome are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies after a period of 4 to 6 weeks of observation and conservative treatment. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's right upper extremity. There were no signs or symptoms documented to support the suspicion of carpal tunnel syndrome. Therefore, a diagnostic study would not be supported in this clinical situation. As such, the requested neuro-diagnostic studies of the right upper extremity to rule out carpal tunnel syndrome are not medically necessary or appropriate.

**EMG (electromyography) of the right upper extremity, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, 268-269. Decision based on Non-MTUS Citation, The American Association of Electrodiagnostic Medicine, the American Academy of Neurology and the American Academy of Physical Medicine and Rehabilitation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 289-290.

**Decision rationale:** The EMG (electromyography) of the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies after a period of 4 to 6 weeks of observation and conservative treatment. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's right upper extremity. There were no signs or symptoms documented to support the suspicion of carpal tunnel syndrome. Therefore, a diagnostic study would not be supported in this clinical situation. As such, the requested EMG (electromyography) of the right upper extremity is not medically necessary or appropriate.

**NCS (nerve conduction study) of the right upper extremity, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262, 268-269. Decision based on Non-MTUS Citation, The American Association of Electrodiagnostic Medicine, the American Academy of Neurology and the American Academy of Physical Medicine and Rehabilitation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 289-290.

**Decision rationale:** The NCS (nerve conduction study) of the right upper extremity is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend electrodiagnostic studies after a period of 4 to 6 weeks of observation and conservative treatment. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's right upper extremity. There were no signs or symptoms documented to support the suspicion of carpal tunnel syndrome. Therefore, a diagnostic study would not be supported in this clinical situation. As such, the requested NCS (nerve conduction study) of the right upper extremity is not medically necessary or appropriate.