

<b>Case Number:</b>	CM15-0079367		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 11/08/2012. She has reported injury to the right wrist. The diagnoses have included right wrist strain; carpal tunnel syndrome; de Quervain's tenosynovitis; and frozen shoulder. Treatment to date has included medications, diagnostics, heat, and H-wave device. Medications have included Norco, Lyrica, Lidoderm Patch, Pantoprazole, and Soma. A progress note from the treating physician, dated 02/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant right wrist pain; pain is rated 5-6/10 on the visual analog scale; associated symptoms include numbness, tingling, spasms, and weakness; and pain is relieved by heat, medications, and H-wave. Objective findings included right wrist with positive Tinel's sign; and right shoulder with positive Hawkin's test and Speed's test. The treatment plan has included the request for EMG (Electromyography)/NCS (Nerve Conduction Study) right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS Right Upper Extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** According to guidelines it states Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the medical records there is no documentation of focal neurological dysfunction. Therefore, the request is not medically necessary.