

<b>Case Number:</b>	CM13-0056008		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	05/17/1999
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53-year-old female who reported injury on 05/17/1999. The mechanism of injury was not provided. Diagnoses include status post surgery left wrist carpal tunnel release 11/2010, right carpal tunnel syndrome, right De Quervain's disease, and status post right carpal tunnel release 06/2009. The documentation of 08/15/2013 revealed left wrist complaints were resolved and the injured worker had complaints of constant moderate to severe sharp right wrist pain, numbness, tingling and weakness that was aggravated by repetitive movement, grabbing / grasping, gripping, squeezing, pushing and pulling. The physical examination of the right wrist revealed ranges of motion were decreased. The injured worker had +3 tenderness to palpation of the dorsal, volar, medial, and lateral wrist. There was a positive Tinel's, Phalen's, carpal tunnel compression test, and Finkelstein's test. The request was made for an EMG/NCV of the upper extremities as well as medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN OFFICE CONSULTATION PROVIDED ON 9/6/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Introduction Page(s): 1.

**Decision rationale:** California MTUS Guidelines recommend upon ruling out a potentially serious condition, conservative management should be provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had objective findings to support testing. However, the request as submitted failed to indicate the type of office consultation that was being requested. Given the above, the request for an office consultation provided on 09/06/2013 is not medically necessary.

**ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION VELOCITY (NCV) TESTING PROVIDED ON 9/6/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** ACOEM 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 clinical documentation submitted for review indicated the injured worker had subtle neurological dysfunction. The injured worker had objective findings on the right upper wrist. However, there was lack of documentation indicating the necessity for both electromyography and nerve conduction velocities. The request as submitted failed to indicate the laterality and the body part to have the electromyography. Given the above, the request for EMG/NCV provided on 09/06/2013 is not medically necessary.

**FOUR UNITS OF SPECIAL REPORT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**ONE MUSCLE TEST, 2 LIMBS ON 9/6/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.