

<b>Case Number:</b>	CM14-0155339		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 34-year-old male who reported an injury on 02/05/2013 due to repetitive use of the right hand. The injured worker complained of right hand pain, numbness, and tingling. The injured worker had diagnoses of limb pain, tenosynovitis to the hand and wrist, and chronic enthesopathy of the wrist and carpus. Prior treatments included physical therapy, a wrist brace, and modified duty. The medications included Nucynta ER 150 mg, Norco 5/325 mg, and Ibuprofen 600 mg. Prior diagnostics included an x-ray to the right wrist. The objective findings dated 06/26/2014 revealed a slightly swollen right hand that was positive for tenderness to touch at the right anterior forearm and over the heel of the hand at the flexor tendons. Increased pain with resistance range of motion that included grip flexion and supinate pronate with the hand. The treatment plan was to continue a home exercise program and a nerve conduction velocity study/electromyogram of the right hand. The Request for Authorization dated 08/29/2014 was submitted with documentation. The rationale for the nerve conduction study/electromyogram was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Test for Cubital Tunnel

Syndrome (Ulnar Nerve Entrapment), Carpal Tunnel Syndrome, Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for NCS right hand/wrist is not medically necessary. The California MTUS/ACOEM recommends nerve conduction velocity for median or ulnar impingement at the wrist after failure of conservative treatment. The provider indicated that the injured worker had failed conservative care; however, no physical therapy notes were included with documentation. The injured worker was on a home therapy program; however, no documentation of the effectiveness of the home exercise program was provided. The diagnostic tests were not provided with documentation. As such, the request is not medically necessary.

**EMG right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Test for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment), Carpal Tunnel Syndrome, Electromyography (EMG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

**Decision rationale:** The request for EMG right hand/wrist is not medically necessary. The California MTUS/ACOEM do not recommend NCV or EMG for routine use of the diagnostic evaluation of nerve entrapment or screen in patients without symptoms. The provider indicated that the injured worker had failed conservative care; however, no physical therapy notes were included with documentation. The injured worker was on a home therapy program; however, no documentation of the effectiveness of the home exercise program was provided. The diagnostic tests were not provided with documentation. As such, the request is not medically necessary.