

Case Number:	CM14-0132874		
Date Assigned:	08/22/2014	Date of Injury:	06/23/2014
Decision Date:	09/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Neurology and is licensed to practice in California. 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 (IW) is a 21-year old female who reports a date of injury on 6/23/2014. The mechanism of injury is a flash burn to her face, neck, right upper extremity and left wrist when she was being trained to light a gas pilot on a grill. Reports included for this review note that the IW sustained first- and second-degree burns along her right bicep, forearm, wrist, and left wrist, with note of second-degree burns to her face, nose-tip and right ear. The IW's burns were classified as partial-thickness with Total Body Surface Area (TBSA) assessed as 3%. Progress reports indicate that the wounds to the upper extremities have healed well, and cranial nerves II - XII are noted to be intact. The IW has complaints of tingling and numbness in in her right thumb and index finger with reports of intermittent swelling of the first digit. A request for electromyography (EMG) and a nerve velocity conduction (NCV) study without specification of laterality for the assessment of "skin sensation disturbance" was made and non-certified in a utilization review dated 8/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 269.

Decision rationale: The ACOEM Guidelines do not speak to the necessity of EMG or NCV studies as they pertain to the assessment of skin sensation disturbances secondary to first- or second-degree burn trauma. However, as it pertains to the upper extremities, EMG and NCV studies are useful to elicit objective physiological evidence of cervical nerve-root impairment or peripheral nerve impingement where the neurological examinations are equivocal to determine specific neural compromise. In this case, there are no physical findings provided in the reports -- such as those determined in the performance of a neurological exam -- which substantiate the medical necessity for EMG/NCV studies to unequivocally determine subtle or focal nerve impairment. While there is physiological evidence of tissue insult that would be expected from first- and second-degree burns, EMG/NCV studies are not an appropriate diagnostic to assess sensory disturbances resulting from cutaneous nerve impairment. Except upon suspicion of Carpal Tunnel Syndrome, EMG/NCV testing is not recommended for identification of other forearm, wrist, and hand pathology (Chapter 11, Table 11-6, p. 269). There are no other exam findings provided in the reports to warrant suspicion of deeper nerve compromise for which EMG and NCV studies are recommended. Note: Nerve conduction velocity (NCV) studies are performed as a component test within electromyography (EMG) studies. A decision/denial for medical necessity of EMG is for all practical purposes a decision/denial for medical necessity of NCV studies, and vice versa.

One nerve conduction velocity (NCV) study: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM Guidelines do not speak to the necessity of EMG or NCV studies as they pertain to the assessment of skin sensation disturbances secondary to first- or second-degree burn trauma. However, as it pertains to the upper extremities, EMG and NCV studies are useful to elicit objective physiological evidence of cervical nerve-root impairment or peripheral nerve impingement where the neurological examinations are equivocal to determine specific neural compromise. In this case, there are no physical findings provided in the reports -- such as those determined in the performance of a neurological exam -- which substantiate the medical necessity for EMG/NCV studies to unequivocally determine subtle or focal nerve impairment. While there is physiological evidence of tissue insult that would be expected from first- and second-degree burns, EMG/NCV studies are not an appropriate diagnostic to assess sensory disturbances resulting from cutaneous nerve impairment. There are no other exam findings provided in the reports to warrant suspicion of deeper nerve compromise for which EMG and NCV studies are recommended. Note: Nerve conduction velocity (NCV) studies are performed as a component test within electromyography (EMG) studies. A decision/denial for

medical necessity of EMG is for all practical purposes a decision/denial for medical necessity of NCV studies, and vice versa.