

Case Number:	CM15-0049967		
Date Assigned:	03/23/2015	Date of Injury:	01/07/2014
Decision Date:	05/04/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania, Ohio, California
 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 56 year old male, who sustained an industrial injury on 1/07/2014. He had scald burns to the right arm, right hand, abdomen and right thigh. Diagnoses include 2nd and 3rd degree burn, arm, 2nd degree burn, hand and 2nd and 3rd degree burn, trunk. Treatment to date has included grafting, splinting, medications, scar massage, sun protection, lotion, physical therapy, occupational therapy, and diagnostics. Per the Primary Treating Physician Progress Report dated 7/07/2014 the injured worker reported occasional pain for which he takes Oxycodone. He reported sharp right hand pain and decreased range of motion and strength in the right hand. Physical examination revealed right thigh xeroform moist, no infection, no drainage, donor xeroform adhered. There was some stiffness to the right hand and fingers. Graft 100% takes with no infection. There was decreased range of motion of wrist. There was a slight flexion contracture at right hand, all fingers except thumb noted as not due to scar, stiff, improved millia. There was decreased range of motion thumb and finger with grip weakness in right grip only. The plan of care included discontinuation of splint, medication management, continuation of occupational therapy and follow up care. Authorization was requested for EMG (electromyography) testing right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Testing Right Thigh: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS/ACOEM recommend electrodiagnostic studies of the lower back/lower extremities if to evaluate specific neurological symptoms/findings, which suggest a neurological differential diagnosis. The rationale or differential diagnosis for the currently requested electrodiagnostic study are not apparent. This request is not medically necessary.