

Case Number:	CM13-0007958		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2013
Decision Date:	03/06/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Arizona. 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 physician 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 patient is a 47-year-old who sustained a work-related injury on 4/24/13 when hot beans burned a large portion of her right forearm. She was diagnosed with a second degree burn and treated with Silvadene and oral pain medication. Her primary care physician is [REDACTED] who evaluated her on multiple occasions including 4/25/13, 4/29/13, 5/6/13, 5/9/13 and 5/15/13. He made a referral for the patient to have wound care at a surgical clinic. The patient was evaluated by [REDACTED], orthopedic surgeon, who managed her wound. Silvadene twice daily was ordered. Her pain improved. On 5/30/13 and 6/27/13 the patient was noted to have pain in the forearm with radiation to the elbow and paresthesias in the hand. Physical exam showed an improved wound and neurological exam of the upper extremities showed normal deep tendon reflexes. [REDACTED] [REDACTED] ordered an EMG and nerve conduction studies on 6/27/13 that was denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

An electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The Physician Reviewer's decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, with regards to forearm, wrist and hand complaints, an EMG is indicated in cases of peripheral nerve impingement, if no improvement or worsening of symptoms has occurred within four to six weeks. According to the notes from [REDACTED] the neurological exam showed intact deep tendon reflexes and the patient reports improving symptoms. Furthermore the left upper extremity is not involved in the injury and the exam is normal. The request for an EMG of the bilateral upper extremities is not medically necessary or appropriate.

Nerve conduction velocity (NCV) exam of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on Non-MTUS Citation Official Disability Guidelines, Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist and Hand Complaints Page(s): 269.

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, with regards to forearm, wrist and hand complaints, a Nerve conduction studies (NCS) is indicated in cases of peripheral nerve impingement, if no improvement or worsening of symptoms has occurred within four to six weeks. According to the notes from [REDACTED] the neurological exam showed intact deep tendon reflexes and the patient reports improving symptoms. Furthermore, the left upper extremity is not involved in the injury and the exam is normal. The request for an NCV exam of the bilateral upper extremities is not medically necessary or appropriate.