

Case Number:	CM14-0123325		
Date Assigned:	08/08/2014	Date of Injury:	06/17/2014
Decision Date:	10/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 36 year-old with a history of a injury on 6/17/14 at his place of employment. He grabbed a hot power cord that burned his hand and gave him a large shock. He complained of right hand, elbow, wrist, and shoulder pain with tingling of his right upper extremity, but no weakness. The tingling did not persist according to the chart. On exam, the electrical burn on the right hand had no active bleeding or signs of infection and was treated with Silvadene cream no resultant vascular or nerve damage. He had a tender right deltoid muscles and right wrist but normal range of motion, strength, and sensation. He was diagnosed with first degree burn of his right hand, pain in right forearm and wrist, and pain in right shoulder joint. The patient's conservative treatment included a wrist wrap and activity modification. He was prescribed Nabumetone which was later switched to Acetaminophen and started on physical therapy. Three weeks after the injury, he complained of numbness and pain of right upper extremity, neck, and face. He was seen in the ER, had a negative head CT scan and was prescribed Ultram and Flexeril. The patient had improved but still with pain and paresthesias of right upper extremity so a nerve conduction test and electromyography were ordered, as well as a neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG/NCS of the upper right extremity is medically unnecessary. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. The conservative care documented included the use of a wrist wrap, anti-inflammatories, physical therapy, and activity modification. It is unclear how long anti-inflammatories were used and if patient continued with a home program for physical therapy. There was documentation that the patient had tingling and/or numbness of the upper extremity that was intermittent but no clear dermatomes and weakness were documented. There was no decreased reflexes, strength or sensation on exam. Impingement testing for integrity of the right rotator cuff was negative. Examination for carpal tunnel was negative. There were no neurological deficits present during the exam. These reasons make the use of EMG/NCS medically unnecessary and unlikely to provide any additional helpful information.

Electromyography of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The request for EMG/NCS of the upper right extremity is medically unnecessary. As per MTUS guidelines, special studies are not needed for true hand and wrist problems until 4-6 weeks of conservative care and observation. In the case of peripheral nerve impingement, if no improvement or worsening of symptoms occurs over 4-6 weeks, the electrical studies may be indicated. The conservative care documented included the use of a wrist wrap, anti-inflammatories, physical therapy, and activity modification. It is unclear how long anti-inflammatories were used and if patient continued with a home program for physical therapy. There was documentation that the patient had tingling and/or numbness of the upper extremity that was intermittent but no clear dermatomes and weakness were documented. There was no decreased reflexes, strength or sensation on exam. Impingement testing for integrity of the right rotator cuff was negative. Examination for carpal tunnel was negative. There were no neurological deficits present during the exam. These reasons make the use of EMG/NCS medically unnecessary and unlikely to provide any additional helpful information.