MAXIMUS Federal Services

Case Number:	CM14-0129594		
Date Assigned:	08/20/2014	Date of Injury:	05/23/2014
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine 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:

This patient is a 36 y/o female who experienced a 2nd degree burn to her right volar forearm on 5/23/14. The burn is describe to be near the flexion crease of the right forearm. It is described to be healing well without any associated vascular or neurological damage. There is radiating pain down the forearm. No detailed neurological exam is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: MTUS Guidelines recommend Electrodiagnostic testing for objective neurological changes that persist with treatment, but Electrodiagnostic testing is not recommended for screening purposes. There are complaints of pain, but no neurological changes are documented nor suspected from the injury. Electrodiagnostic studies do not measure pain and testing is not recommended without persistent neurological changes. The requested right upper extremity EMG is not medically necessary.

Nerve conduction velocity (NCV) Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: MTUS Guidelines recommend Electrodiagnostic testing for neurological changes that persist with treatment, but Electrodiagnostic testing is not recommended for screening purposes. There are complaints of pain, but no neurological changes are documented nor suspected from the injury. Electrodiagnostic studies do not measure pain and testing is not recommended without persistent neurological changes. The requested right upper extremity nerve conduction velocity is not medically necessary.

Electromyography (EMG) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: : MTUS Guidelines recommend Electrodiagnostic testing for neurological changes that persist with treatment, but Electrodiagnostic testing not recommended for screening purposes.. There are complaints of pain, but no neurological changes are documented nor suspected from the injury. Electrodiagnostic studies do not measure pain and testing is not recommended without persistent neurological changes. The requested left upper extremity EMG is not medically necessary

Nerve conduction velocity (NCV) Left Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269,272.

Decision rationale: MTUS Guidelines recommend Electrodiagnostic testing for neurological changes that persist with treatment, but Electrodiagnostic testing is not recommended for screening purposes. There are complaints of pain, but no neurological changes are documented nor suspected from the injury. Electrodiagnostic studies do not measure pain and testing is not recommended without persistent neurological changes. The requested left upper extremity nerve conduction velocity is not medically necessary