

Case Number:	CM14-0144153		
Date Assigned:	09/12/2014	Date of Injury:	11/07/2012
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 28-year-old male with a reported injury on 11/07/2012. The mechanism of injury was a burn with hot tar. The injured worker's diagnoses included injury to the median nerve and psychogenic pain. The injured worker's past treatments included medication, rest, and physical therapy. The injured worker's diagnostic testing included an EMG dated 05/20/2013 which was grossly normal. The injured worker's surgical history included skin grafting to the right hand. The injured worker was evaluated for right upper extremity pain on 08/20/2014. He had completed physical therapy with improvement to his right shoulder; however, he continued to complain of numbness and pain in the right hand and fingers (specifically, the first 3 digits on the right hand). He complained of intermittent swelling in the wrist and thumb of the right hand and difficulty with lifting, grasping, and using the right hand. The injured worker also reported sensitivity to touch around the base of the right thumb and was wearing a right wrist brace, which he stated helped with some of the pain. The clinician observed and reported a focused examination of the right hand which revealed hypopigmentation and a well healed burn wound over the palmar aspect of the right hand, right wrist, right index finger, and right thumb. Phalen's and Tinel's testing were positive on the right. A surgical consultation report dated 07/16/2014 was also reviewed by the clinician. The surgeon indicated that there was limited evidence for right carpal tunnel syndrome. The injured worker also had some nonanatomic findings such as dense numbness in the thumb, index, and middle fingers but normal radial ring finger sensation. The surgeon felt that this may be more of a conversion reaction to the burn and injury to the sensory receptors and the thenar eminences and hand rather than median nerve compression/carpal tunnel. The injured worker's medications included ketamine 5% cream, gabapentin 600 mg, and nabumetone 500 mg. The request was for an electromyogram (EMG) of

the bilateral upper extremities. The rationale for this request was for injury to the median nerve. The request for information form was submitted on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) Bilateral 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): 268-269. Decision based on Non-MTUS Citation Carpal Tunnel Syndrome, Electromyography (EMG)

Decision rationale: The request for an electromyogram (EMG) of the bilateral upper extremities is not medically necessary. The injured worker continued to complain of right hand and finger pain with numbness and tingling. The California MTUS/ACOEM Guidelines do recommend electrical studies in cases of peripheral nerve impingement if no improvement or worsening has occurred has within 4 to 6 weeks. More specifically, the Official Disability Guidelines recommend EMGs only in cases where diagnosis is difficult with nerve conduction studies. Seldom is it required that both EMG and NCV studies be accomplished in straightforward conditions of median and ulnar neuropathies or peroneal nerve compression neuropathies. An evaluation by the surgeon suggested that this may be more of a conversion reaction to the burn and injury to the sensory receptors and thenar eminence in hand rather than median nerve compression/carpal tunnel. There is no evidence of cervical neurologic deficit. As such, the request for an EMG of the bilateral upper extremities is not medically necessary.