



Specialty Independent Review Organization

**DATE OF REVIEW:** 04/06/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The services under dispute include a repeat EMG/NCV of the bilateral upper extremities.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

The reviewer is a Medical Doctor who is a board certified Neurologist who has been practicing for greater than 10 years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding all procedures under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the carrier and from Dr. . The records consisted of the following:

Correspondence addressed to Center from Management Fund dated 02/09/07.  
Correspondence to Management Fund by Management Fund dated 02/19/07.  
Office progress notes and procedure reports – MD dated June 23, 2003 through January 25, 2007.  
Office progress notes and procedure records –dated December 12, 2006 through January 23, 2007.  
Appeal letter by patient dated February 13, 2007.  
EMG reports, MD dated March 12, 2001 through January 6, 2006.

Physical therapy progress notes dated January 4, 2006.  
TASB case management notes dated February 23, 2006 through February 2, 2007.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The above mentioned patient is a female with a history of chronic bilateral upper extremity pain status post multiple carpal tunnel surgeries.

She has been under the care of Dr. a hand and upper extremity surgery specialist since June, 2003. She had a left carpal tunnel release in March 2001 and a right carpal tunnel release in April 2001. Her symptoms were only better for one week and then they became worse again. She had repeat releases on the left, one in April 2002 and December 2002 and a second surgery in June 2002.

When seen by Dr. on June 23, 2003 she denied any history of cervical spine injury or trauma or any pain in the shoulder or elbows. Her examination showed negative Tinel's and Phalen's signs and no tenderness along the median nerve and radial nerve anteriorly on the right upper extremity. In the wrist and hands she had healed palmar incisional wounds and there was no Tinel's sign but a positive Phalen's sign. Dr. 's initial impression was recurrent bilateral carpal tunnel syndrome and he felt that initially surgery would not be helpful and therefore recommended conservative treatment with a series of injections and possible vascularized fat wrap graft for her left median nerve with subsequent release.

Eventually the patient did undergo this procedure in September 2003. Unfortunately, it did not result in a significant long-term benefit. She was referred to Dr. for chronic pain management. She apparently had a dorsal column stimulator placed in 2004 but there are no records submitted regarding this procedure. He also had diagnosed her with complex regional pain syndrome. A note from Dr. dated January 23, 2007 indicates diagnosis of causalgia of the upper limb, skin fibrosis and scarring and depression secondary to persistent severe chronic pain.

The patient underwent several EMG studies by a physiatrist. These began with a study done on March 12, 2001. This showed severe left carpal tunnel with denervation of the left APV and also severe right carpal tunnel. There was no evidence of other entrapment neuropathy or radiculopathy in the left upper extremity. EMG no. 2 was performed on March 25, 2002. This was read by Dr. as showing persistent severe left carpal tunnel with incomplete decompression of the left medial nerve and moderate to significant entrapment of the right median nerve which have been improved compared to the previous study. There was no evidence of other entrapment, neuropathy or radiculopathy of the bilateral upper extremities. EMG no. 3 was done on November 27, 2002. This showed "some slowing" of the left median nerve of the carpal tunnel and improved function of

the right medial nerve. Again, there was no evidence of other entrapment neuropathies or radiculopathies. EMG no. 4 done on January 6, 2006 showed moderate entrapment of the left median nerve of the carpal tunnel with no denervation of the right APV. Compared to the most recent studies of November, 2002, these have slightly worsened.

On the right side, there was significant progression since November 2, 2002 with no denervation of the right APV. Again, there was no evidence of entrapment neuropathy or radiculopathy in the bilateral upper extremities. None of the EMG studies done by Dr. included examination of the cervical paraspinal muscles. His EMG limb examination consisted of checking the abductor, pollicis brevis muscles, first dorsal and osseous muscles and pronator teres muscles. These would not be considered a sufficient examination to rule out radiculopathy or brachial plexopathy.

Dr. in his most recent note requested yet another EMG study to again rule-out the possibility of radiculopathy or other explanations for the patient's symptoms. Please note that no imaging studies of the cervical spine were submitted. No history regarding the claimant's prior cervical dorsal column stimulator was supplied.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient appears to have problems with recurrent median nerve entrapment at the wrist. It is possible that she may have a double crush phenomenon affecting her median nerves and therefore a detailed needle EMG examination of her upper extremities, including the cervical paraspinal muscles and other C5-6 innervated muscles would be warranted to rule-out C5-C6 radiculopathies as is supported in the ACOEM Guidelines.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**