

# **RYCO MedReview**

## **Notice of Independent Review Decision**

### **IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 08/31/07

**IRO CASE #:**

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

Patient evaluation (97001), muscle test of two limbs (95861), H-reflex test (95936), sensory nerve conduction test (95904), and motor nerve conduction test (95903) on 07/03/06

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

Board Certified in Neurology

#### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An Employer's First Report of Injury or Illness form  
X-rays of the lumbar spine interpreted by M.D. dated 03/14/03  
Evaluations with M.D. dated 03/14/03 and 03/19/03  
TWCC-73 forms from Dr. dated 03/14/03 and 03/19/03  
Evaluations with, M.D. dated 03/21/03, 03/28/03, 04/11/03, 04/28/03, 05/02/03, 05/29/03, 07/16/03, 09/04/03, 11/06/03, 04/07/05, 06/15/06, 07/27/06, 08/17/06, and 09/14/06  
Evaluations with Dr. (no credentials were listed) dated 03/21/03, 03/22/03, 04/07/03, 04/21/03, and 07/12/04  
TWCC-73 forms from Dr. dated 03/21/03 and 04/07/03  
A preauthorization request from Dr. dated 03/24/03  
An operative report from Dr. dated 03/26/03  
A physical therapy note with Dr. dated 03/26/03  
Physical therapy with an unknown therapist (the signature was illegible) dated 04/14/03 and 10/03/03  
An unknown diagnostic study of the right thumb interpreted by M.D. dated 04/21/03  
A letter from Claim Analyst, dated 07/21/03  
An excuse slip from Dr. dated 09/04/03  
An undated letter from the physical therapist  
A letter from R.N. dated 10/06/03  
An impairment rating evaluation with Dr. dated 11/06/03  
A letter from Dr. dated 11/24/03  
An evaluation with M.D. dated 01/20/04  
An impairment rating review from M.D. dated 02/22/04  
Letters from Dr. dated 03/15/04 and 06/18/04  
A Designated Doctor Evaluation from Dr. dated 06/16/04  
A note from Dr. dated 06/15/06  
An EMG/NCV study interpreted by an unknown provider (no name or signature was available) dated 07/02/06  
An Explanation of Benefits form dated 07/03/06  
A request dated 07/03/06  
A Health Insurance Claim Form dated 07/03/06  
Letters of medical necessity from Ph.D. dated 07/03/06, 07/12/07, and 07/30/07  
An EMG/NCV study with Dr. dated 07/03/06  
A preauthorization report from R.N. dated 08/17/06  
A Notice of Disputed Issue(s) and Refusal to Pay Benefits form dated 08/23/06  
A letter to Ryco dated 07/31/07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X-rays of the lumbar spine interpreted by Dr. revealed an age indeterminate L4 vertebral compression fracture. Dr. requested a sugar tong splint. Dr. requested a carpal tunnel release. Dr. requested anti-inflammatories and active rehabilitation. Dr. requested physical therapy. On 03/26/03, Dr. performed an internal fixation of a right distal radius fracture. Physical therapy was performed

with Dr. on 03/26/03. On 04/07/03, Dr. prescribed Darvocet. Physical therapy was performed with the unknown therapist on 04/14/03 and 10/03/03. An unknown diagnostic test with Dr. on 04/21/03 revealed osteoporotic bones with degenerative changes and a hairline fracture of the right thumb. On 04/28/03, Dr. recommended a home exercise program. On 05/29/03 and 07/16/03, Dr. requested aggressive rehabilitation. On 09/04/03, Dr. returned the claimant to light work duty. On 11/06/03, Dr. placed the claimant at Maximum Medical Improvement (MMI) with a 16% whole person impairment rating. On 11/24/03, Dr. requested physical therapy. On 01/20/04, Dr. stated he agreed with the impairment rating provided. On 02/22/04, Dr. disagreed with the impairment rating. On 06/17/04, Dr. placed the claimant at MMI as of 11/06/03 with a 9% whole person impairment rating. On 07/12/04, Dr. requested Bextra and a wrist brace. On 06/15/06, Dr. requested an EMG/NCV study of the upper extremities. An EMG/NCV study interpreted by Dr. on 07/02/06 revealed bilateral carpal tunnel syndrome. On 07/03/06, Dr. wrote a letter of medical necessity for the EMG/NCV study. On 07/27/06, Dr. requested a right carpal tunnel release. On 08/23/06, the insurance carrier denied any medical treatment to anything other than the right wrist. On 07/12/07 and 07/30/07, Dr. wrote further letters of medical necessity for an EMG/NCV study.

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

She did require an EMG study of the right upper extremity because of her right grip injury causing carpal tunnel syndrome. She had no evidence of injury to the left arm, and, therefore, there is no medical indication to perform the needle EMG study or nerve conduction study of the left upper extremity. There are normative values for the nerve conduction studies of either arm, and, therefore, the contralateral arm, or normal arm, is not necessary to be tested to document nerve injury. The claimant was found to have bilateral carpal tunnel syndrome, right greater than left. In summary, the patient evaluation (97001) was necessary as part of the evaluation before the nerve conduction studies were performed. Muscle testing of one limb (code 95860), not two limbs, (95861), would be appropriate. An H-reflex study (95936) of the upper extremities was not medically necessary. Sensory nerve studies (95904) of the one extremity, which would be three units, not six as billed, would be appropriate, and motor nerve conduction study of one extremity, six units, not the 12 as billed, would be appropriate.

**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)**