

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/nerve conduction study of right and left upper extremities.

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon

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.

The reviewer has reviewed the request for a repeat EMG/nerve conduction study of the upper extremities and, based on the medical records reviewed, does not find a medical necessity for them. There has not been a significant change or re-injury to warrant a repeat EMG based on the clinical information presented and using evidence-based peer-reviewed guidelines, in particular the ODG Guidelines for electrodiagnostic studies. Most pertinently, the use of the EMG/nerve conduction study is recommended as a confirmation of the clinical findings rather than a manner in which to make the clinical diagnosis. The appropriate use of the EMG/nerve conduction study is for confirmation of the clinical neurological findings. In this case, those are not present.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination Letters dated 10/04/07 and 10/26/07
2. ODG Guidelines and Treatment Guidelines
3. Dr. for 03/14/05 through 09/24/07
4. MRI scan of the lumbar spine without contrast, 05/06/05
5. Epidural steroid injection 05/31/05, 06/29/05, 09/19/05, 10/03/05, and 10/10/05
6. Right carpal tunnel release, 10/13/05
7. Left carpal tunnel release, 02/16/06
8. Dr. 03/20/06, 10/30/06, 02/14/07, 02/26/07
9. Dr. 04/06/06 and 09/07/06
10. Dr. 04/26/06
11. Lumbar myelogram, 08/01/06
12. CT scan of the lumbar spine, 08/01/06
13. Epidural steroid injections, 10/18/06, 11/08/06, 12/04/06
14. Functional Capacity Evaluation, 03/01/07
15. Dr. 07/16/07
16. Ph.D., 05/07/07
17. Dr. 05/18/07 and 07/27/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who was presented to Dr. complaining of neck pain, back pain, and bilateral hand pain numbness and weakness. He noted in his physical examination that this patient had “positive numbness in bilateral hands, right worse than left.” He also noted that there was a “negative Tinel’s, negative Phalen’s test” indicative of absence of carpal tunnel syndrome on the right. The patient was seen and followed up for his work-related injury and seen back on 04/25/05 after having had an EMG, which showed carpal tunnel syndrome. Now on physical examination the patient was noted to have “positive numbness and tingling in bilateral median nerve distribution,” which was not documented prior to the EMG study. However, Tinel’s sign and Phalen’s sign were still not documented in the medical record.

On 09/12/05, the patient developed “positive Tinel’s, positive Phalen’s, and positive compression test” in Dr.’s medical records. He subsequently underwent a carpal tunnel release on his right hand first and then on his left hand.

Along the way, he also developed a diagnosis of chronic left and acute chronic right L5/S1 radiculopathy and possible facet syndrome. He underwent epidural steroid injections, facet blocks, and the like. He had a previous remote left rotator cuff surgery and left knee surgery. Note was made in the medical record that he was, in fact, seeking disability.

He returned on 09/24/07 where note was made of him having a lot of tension and anxiety, restless leg syndrome, and that he was seeking disability.

Subsequently he returned to Dr., who found that he had numbness in the distribution of the ulnar nerve and scarring at the wrist from his carpal tunnel release. On the visit of 09/24/07, it also mentioned that he believed that his hand numbness had improved significantly, however, he had pain in the right upper extremity. He also noted that there was discussion of a tumor in the hand, which was felt to be scar tissue. However, on 09/24/07, even though an EMG/nerve conduction study was recommended, there was no documentation of any numbness, Tinel’s sign or Phalen’s sign at the wrist or the elbow. However, on the previous visit of 07/18/07, it was noted that he has a knot of pain secondary to the scar with pain deep into the thenar eminence and numbness in the distribution of the ulnar nerve on the right hand. There was still no mention in the medical record of Tinel’s sign, Phalen’s sign, or any other neurological finding other than subjective numbness on this one office visit.

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

Within the medical records, we do not find clinical evidence to support carpal tunnel syndrome other than the EMG/nerve conduction study. The same positive physical examination findings is found within the medical record and is insufficient to support the use of a repeat EMG/nerve conduction study, which does not conform to the recommendations for the use of electrodiagnostic studies in the ODG Treatment Guidelines. The absence of conformity to the ODG Treatment Guidelines along with the lack of physical findings and symptoms that would support use of the EMG/nerve conduction study outside the treatment guidelines render this reviewer unable to overturn previous decision upholding the previous adverse determination.

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)