

C-IRO, Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:
JUNE 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Repeat EMG/NCV upper extremities w/wo paraspinal area, needle

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Chiropractic Care

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

Request IRO form, IRO request and forms, pre-authorization request dated 5-11-2007 and 5-23-2007, MRI of the upper extremity dated 2-20-2004, TWCC work status, upper extremity examinations 7-25-2005 and 8-22-2005, EMG/NCV dated 3-16-2001, 11-11-2003, and 8-01-2005, evoked study 8-12-2005, Neuromuscular report/exam dated 5-10-2007, 5-09-2007, 3-21-2007, 1-26-2007, 7-31-2006, 2-10-2006, 10-31-2005, 9-29-2005, 8-11-2005, 7-15-2005, 6-16-2005, 9-29-2004, 12-17-2003, 9-02-2003, 5-27-2003, 10-05-2002, MRI of the upper extremity and x-ray of the shoulder 2-20-2004, Orthopedic exam Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured while working. The injured employee developed pain and swelling in the right arm and subsequently underwent a right carpal tunnel decompression. Additionally, the injured employee underwent a cervical surgery for a disc problem and has a right rotator cuff injury. The claimant underwent an EMG/NCV on 3-16-2001, 11-11-2003, and 8-1-2005 indicating CTS, slowing across the ulnar and median nerves, and possible bilateral cervical C5 and C6 abnormalities.

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

The injured employee had undergone surgery to the cervical spine and a CTS decompression and recommendations were made for a shoulder rotator cuff repair. The injured employee continues to experience progressive symptoms with motor weakness. Since the claimant has multiple possible problems it would be medically necessary to undergo a current EMG/NCV to differentiate the cause of the current symptoms.

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)**