



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: November 27, 2007

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left upper extremity EMG/NCV.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified Psychiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in Pain Management.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. A report from Dr. dated 01/29/2007. Indicated examinee was still improving and he anticipated maximum medical improvement in two weeks. This was following bilateral carpal tunnel release procedures. Those surgeries had been performed ten weeks previous to that visit.
2. An EMG report dated 04/26/2007 from Dr. The impression was “there is no electrodiagnostic evidence of an ulnar neuropathy at the elbow or the wrist on the left. There are still some electrodiagnostic changes consistent with a median neuropathy at the wrist on the left. This is improved from the preoperative status.”
3. A 09/24/2007 report from Dr. He indicates she still had symptoms in the ulnar aspect of her left hand with a positive Tinel’s test over the left elbow at the ulnar nerve with discomfort when applying manual pressure over the nerve at the elbow and a negative Tinel’s at the wrist. He recommended a repeat nerve conduction study of the left upper extremity.
4. A review by Dr. on 10/29/2007. He did not feel that a repeat study was necessary. His notation indicates that he discussed this with Dr. and they both agreed a repeat EMG was not necessary.

5. Another review dated 11/06/2007 from Dr., which I have reviewed, which did not recommend repeat testing.

ODG Guidelines were not presented for review by the URA or carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The records are minimal as relates to the past medical history in this case. All that I am able to identify is that she apparently began complaining of symptoms in her hands on or about 06/24/2005. She was ultimately determined to have bilateral carpal tunnel syndrome for which she underwent carpal tunnel releases toward the end of the year 2006 with good result. She apparently developed symptoms consistent with a left ulnar neuropathy possibly at the elbow and possibly at the wrist. Electrodiagnostic testing performed 04/26/2007, however, did not confirm that.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

In as much as there was a negative EMG/NCV for a left ulnar neuropathy in April 2007, there does not appear to be a need to repeat that study particularly when there is no documentation of a re-injury or anything that may have happened from 04/26/2007 forward to this date. The treating physician has at one point in time apparently agreed that a repeat EMG/NCV was not indicated. The injured employee does have clinical symptoms suggestive of an ulnar neuropathy and an EMG/NCV was indicated and was performed, and was normal. Repeating that test is not indicated at this point in time.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)