

# Applied Assessments

An Independent Review Organization

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**DATE OF REVIEW:** August 15, 2008

**IRO CASE #:**

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

EMG/NCV of right upper extremity

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

Board Certified Orthopedic 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

MRI right shoulder, 1/15/08

Office notes, Dr. , 01/22/08, 02/06/08, 06/04/08, 07/02/08

Operative report, Dr. , 02/04/08

Postoperative Appointments, Dr. , 02/27/08, 03/26/08, 04/11/08, 05/07/08

Premier Physical Therapy Evaluation/Update Summary

Office notes, Dr. , 04/23/08, 04/28/08, 04/30/08, 05/05/08, 05/14/08, 06/04/08

Adverse Determination Letter, 07/08/08, 07/22/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year-old right hand dominant sustained an injured to his right shoulder on xx/xx/xx when he subdued a combative suspect. The claimant underwent a right shoulder arthroscopy, subacromial decompression, debridement of labrum and rotator cuff repair on 02/04/08 following an MRI which revealed a full-thickness tear at the distal supraspinatus insertion site.

Documentation revealed the claimant began physical therapy on 04/18/08 and the records revealed slow progress and continued pain with decreased range of motion.

The surgeon documented the development of regional pain syndrome in the right upper extremity. The claimant underwent two stellate ganglion blocks on 04/28/08 and 05/05/08 with noted improvement and one posterior sympathetic block which the records from 06/04/08 revealed there was absolutely no change in the right hand symptoms that noted continued significant discomfort, decreased grip strength and range of motion and discoloration of the right hand.

The surgeon recommended an EMG/NCV study to evaluate the right upper extremity with documented classic signs of chronic regional pain syndrome including discoloration of hand, swelling throughout the hand and forearm and hypersensitivity.

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

This gentleman is a right hand dominant, . He sustained a right shoulder injury on xx/xx/xx, when subduing a combative suspect. Due to such, he underwent a right shoulder arthroscopy subacromial decompression, debridement of a labral tear, and rotator cuff repair, on 02/04/08. After surgery, he underwent therapy but had ongoing subjective complaints of pain and diminished range of motion.

It was opined that he may have complex regional pain syndrome of the right upper extremity, for which he underwent two stellate ganglion blocks, 04/28/08, and 05/05/08 with noted improvement, and one posterior sympathetic block with no change in his symptoms. The surgeon was recommending electrodiagnostic studies to evaluate right upper extremity symptoms.

This individual underwent a surgical procedure, and he has had explained postoperative pain. There are many reasons for ongoing complaints of pain after shoulder surgery, one of which may have been a pre-existing or concomitant neurological injury. This reviewer would agree with the electrodiagnostic studies to help determine if there is any neural compressive or neurologic etiology for his ongoing complaints of pain. His subjective complaints of pain are unexplained at this juncture following his procedure. Electrodiagnostic studies would be part of a standard diagnostic workup to rule out a compressive neurological symptom.

As stated in the Official Disability Guidelines, electrodiagnostic studies are a well established and widely used study to determine the source of neurologic symptoms and establish the diagnosis of focal nerve entrapment or radiculopathy, which may be contributing to or coexistent with complex regional pain syndrome (causalgia). CPRS as stated in the guidelines may occur after a partial nerve injury.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates: Pain -- Electrodiagnostic testing (EMG/NCS)

#### **Electrodiagnostic testing (EMG/NCS)**

Recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies.

The later development of sympathetically mediated symptomatology however, has no pathognomonic pattern of abnormality on EMG/NCS. (Colorado, 2002)

**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)