US Decisions, Inc.

An Independent Review Organization
71 Court Street
(512) 782-4560 (phone)
(207) 470-1085 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 20, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient EMG/NCV of the bilateral upper extremity (BUE)

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

MD, 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)

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 finds that medical necessity does not exist for outpatient EMG/NCV of the bilateral upper extremity (BUE).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/11/08, 5/30/08
ODG Guidelines and Treatment Guidelines
Employers First Report of Injury or Illness,
Notification of MMI, 11/15/07
Notice of Suspension of Payment, 11/15/07
MD, 6/30/08
Medical Group, Psychosocial Assessment Report, 10/19/07
DO, 1/7/08, 12/3/07, 10/11/07, 8/27/07, 7/23/07, 6/11/07, 5/21/07
Evaluation Summary Report, 2/6/08, 10/9/07, 8/7/07, 5/31/07
MD, 3/7/08, 10/12/07,

Surgery Center, 11/28/07
MD, 10/30/07
FAE, 10/30/07
MRI of Right Shoulder, 4/4/07
MD, 3/12/07
MD, 12/14/06
Specialty Group, SOAP NOTES, 4/18/08, 4/14/08, 4/11/08, 4/10/08, 4/9/08, 4/7/08, 4/4/08, 4/3/08, 4/2/08, 4/1/08, 3/7/08, 2/6/08, 1/30/08, 1/29/08, 1/28/08, 1/24/08, 1/23/08, 1/21/08, 1/17/08, 1/14/08, 1/10/08, 1/16/08, 1/9/08, 1/8/08, 11/19/07, 11/15/07, 11/7/07, 10/29/07, 10/22/07, 10/15/07, 10/17/07, 10/5/07, 9/26/07, 9/18/07, 9/10/07, 9/5/07, 8/27/07, 8/16/07, 8/10/07, 8/7/07, 7/16/07, 6/22/07, 6/13/07, 5/31/07, 5/14/07, 4/27/07, 4/11/07, 3/26/07, 3/9/07, 3/2/07, 2/22/07, 2/14/07, 2/8/07, 2/6/07, 2/1/07, 2/8/07, 2/13/07, 1/25/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker was initially injured on xx/xx/xx. She was placed at MMI. She underwent a shoulder arthroscopy with debridement. Postoperatively the chiropractor in charge of her care has requested an EMG/NCV study. The provider's appeal noted that the initial review stated that there were no objective findings documented based upon the physical therapy notes. While the notes are extensive, they do not provide much clarification of the physical status. The provider, however, states that there was C8 dermatome abnormalities on the right, while the left was normal. Apparently there was decreased two-point discrimination on the right. Apparently there was a sluggish triceps reflex and biceps reflex on the right. Apparently there was also some muscle strength abnormality on the right, although this is not defined in the appeal notes. Apparently there was positive apprehension test and an Apley's scratch test on the right. A Tinel's was positive on the right wrist. There was weakness of the interosseous corresponding with C8 and T1 neurological levels, and pain and numbness into the fourth and fifth digits of the right hand. It is asterisked that the postoperative EMG/NCV study has been prescribed to check for denervation and rule out entrapment.

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

Based upon the medical records and the neurological findings as described by Dr. a neurological pattern of injury affecting so many roots would be difficult to accomplish. Since this was a postoperative problem, and this reviewer is unable to determine from the records the anatomical basis of the injury, the reviewer must concur with the previous adverse determination.

The reviewer cannot find medical necessity for EMG/NCV study for problems involving various roots and core to the brachial plexus with minimal to no objective findings, other than numbness in the fourth and fifth digits and Tinel's at the wrist, which would require injury to both the ulnar nerve termination and median nerve termination at the same time, and, therefore, is highly unlikely secondary to shoulder arthroscopy. The reviewer finds that medical necessity does not exist for outpatient EMG/NCV of the bilateral upper extremity (BUE).

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)**