



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: February 19, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG

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:

Note from the Medical Center. The injured employee was complaining of intermittent numbness for a two to three month period of time located in the right arm and left arm. She says it was aggravated by keyboard use. There were numerous scanned notes which were largely illegible due to the artifact created in the scanning process apparently. There was reported an NC-stat on-call report, which is in my opinion a pseudo EMG typically performed without controls and without a needle component, and typically performed by individuals not specifically trained for this type of test.

On 01/03/2007 she was diagnosed with carpal tunnel syndrome and cervicobrachial syndrome and ulnar neuropathy; however, Dr. the chiropractor making that diagnosis, did not identify which side.

A report from Dr. from 01/07/2008 who diagnosed "carpal tunnel syndrome." He indicated that the exam of the left wrist found a well-healed incision. It appears to have been an EMG by Dr. on 05/31/2007. He found a compression of the median nerve on the left wrist, as well as right wrist. The studies are very difficult to review because of the scanning procedure.

Physical therapy notes.

An operative note from 07/31/2007, which was "right open carpal tunnel release." This was by Dr..

An operative note from 09/13/2007, which was "left open carpal tunnel release." This was also by Dr. .

Postoperative physical therapy notes.

On 11/19/2007, he recommended repeat EMG to see if the surgery "worked."

She saw Dr. orthopedic surgeon, for a Designated Doctor Examination on 12/27/2007. He felt she had attained maximum medical improvement and was recommending a Functional Capacity Evaluation. He indicates the Functional Capacity Evaluation did show inconsistencies. He felt she was able to do at least sedentary work.

Functional Abilities Form from Dr. from 12/27/2007.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female who presented with insidious onset of bilateral upper extremity paresthesias ultimately concluded to be related to carpal tunnel syndrome by way of one bonafide electrodiagnostic assessment. Her symptoms were aggravated by keyboard use. She had extensive physical therapy which failed. She underwent bilateral carpal tunnel releases as noted above. She has had ongoing symptoms. Her Designated Doctor Examination in 12/2007 found her to have undergone the two surgeries, but felt the Functional Capacity Evaluation showed inconsistent findings. He felt she was at maximum medical improvement.

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

The injured employee appears to continue to have symptoms in both wrists up until the Designated Doctor Examination. There has been no current examination thereafter with which to support further diagnostic testing. She had a carpal tunnel release on both sides but there has been no contemporary clinical examination to support repeat EMG testing. It is also widely known that even with successful carpal tunnel release, EMG findings can remain abnormal for prolonged periods of time and have no direct correlation to symptomatology. Accordingly, it is my belief that further electrodiagnostic testing is not supported at this time.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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.)