

P-IRO Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 09/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Nerve Conduction Study

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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
Denial Letters 8/7/08 and 9/2/08
Records from Dr 4/29/08, 5/27/08, and 8/26/08
Electromyogram & NCS Report 4/29/08
NCS 5/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female with a date of injury xx/xx/xx. She is experiencing pain and numbness in the left wrist. This discomfort extends to the palmar surface of the hand in the first, second, third, and lateral portion of the fourth finger. She also has developed left-sided neck discomfort. Neurological examination reveals a positive Tinel's sign at the left wrist. On 04/29/2008 and EMG/NCV was performed, which showed moderately severe carpal tunnel syndrome on the left. She has been wearing splints, taking vitamin B6 and

NSAIDs. As of 05/27/2008 the symptoms had been reduced by 70% on the left. She has noticed some mild tingling in the right palm. On this date, she had bilateral positive Tinel's signs at the wrist. A follow-up nerve study at the wrist 05/7/2008, showed improvement in the left median neuropathy. Also, seen on this exam was a mild right median neuropathy. However, in 08/26/2008 she has had a worsening in her symptoms and is suffering as much as when she first began seeking treatment. A neurological examination on this date revealed a positive left Tinel's sign at the wrist and absent Tinel's sign at the wrist on the right. There is also reduced vibratory sensation in both lower extremities. The provider is recommending a repeat nerve conduction study.

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

The repeat nerve conduction study is not medically necessary. The claimant has signs and symptoms of carpal tunnel syndrome that have been verified by nerve conduction studies. When her symptoms improved, the nerve conduction studies improved. Now her symptoms have worsened, and it is a reasonable assumption that this is because her carpal tunnel syndrome has worsened, and she is failing conservative therapy.

References/Guidelines

2008 *Official Disability Guidelines*, 13th edition
"CTS" chapter

Nerve conduction studies:

Recommended in patients with clinical signs of CTS who may be candidates for surgery.

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)**