Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral upper extremity EMG/NCV, 95900, 95903, 95904

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 7/28/09, 7/30/09
Preauthorization Request Form
MD, Initial Visit, 7/8/09
Patient Profile
Test Form 7/8/09
Cervical Spine Series with Flexion and Extension, Seven Views, 7/20/09
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY
This is a woman reportedly injured in xx/xxxx. The patient underwent a bilateral CTS release in 2004 with reportedly minimal improvement in her hand. A repeat study in 2007 reportedly found evidence of a cervical radiculopathy and carpal tunnel syndrome. Cervical xrays on 7/20/09 showed cervical spondylosis at C5/6 and C6/7. She was having neck pain. Dr. 's examination in July 2009 described possible sensory loss in the C6/7/8 dermatomes, and complaints of numbness in the ulnar distribution of both hands.

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

Records for this patient predating 2009 were not made available for this review. The patient had CTS surgery in 2004. The provider note emphasized the initial hand findings rather than describing any initial neck injury. The guidelines describe limitations in the value of electrodiagnostic studies in the assessment of CTS. False positive studies are common and therefore the electrodiagnostic studies must be correlated with the clinical examination and complaints. Further, after surgery, a high percentage of individuals have ongoing prolonged median motor and sensory latencies. This patient's current complaints of neck pain and the expected cervical xray changes can be associated with a radiculopathy, however any electrodiagnostic studies to evaluate the cervical radiculopathy would not be medically necessary for treatment of an injury to the hand. Since there were no clinical findings suggestive of CTS, and the records indicate the patient had some residual electrodiagnostic criteria (although not what the specific studies showed), the reviewer finds there is little to be gained with a third study. The request does not conform to the guidelines. No reason has been given for why the guidelines should be set aside in this instance. The reviewer finds that medical necessity does not exist for Bilateral upper extremity EMG/NCV, 95900, 95903, 95904.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)