

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 11/23/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: EMG/NCV Right Upper Extremities

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 06/30/09 thru 10/20/09
2. Orthopaedic Surgery Group, 10/06/09
3. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This employee sustained a right shoulder injury on xx/xx/xx and underwent right shoulder arthroscopy on 06/20/09. He had previous right shoulder arthroscopy on 11/19/08.

On 06/30/09, Dr. the operating surgeon, removed the sutures from the surgery site.

On 07/21/09, Dr. noted he had forward flexion to 90 degrees in abduction and 90 degrees with adduction, with no significant swelling in the shoulder. He was going to complete his physical therapy.

On 08/18/09, Dr. noted the employee was continuing to improve. He still had pain, weakness, and fatigue in the right shoulder. Physical examination was reported to have full range of motion of the right shoulder with no difficulty with the wound.

On 09/29/09, Dr. noted a new complaint of pain down the arm with numbness traveling into the thumb. Examination showed a positive Phalen's sign and a negative Tinel's sign to the ulnar nerve at the elbow and to the median nerve at the wrist. He had full range of motion of the right shoulder. The doctor recommended an EMG to rule out a neuropathic process.

On 10/20/09, Dr. noted he had offered an injection to the shoulder that was turned down. The right shoulder on that date had full range of motion and there were no skin color changes to the shoulder and no erythema. On that date, he was sent back to light duty at work.

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

There were no indications for electrodiagnostic studies in this case. There were no objective findings of radiculopathy or compression neuropathy other than possible positive Phalen's signs. There was no documentation of atrophy in the hand and Tinel's signs are negative. There was one subjective complaint of pain down the arm and numbness of the thumb. Electrodiagnostic studies require positive objective findings that are consistent with either radiculopathy or compression neuropathy in the arm or the hand. There are no objective findings in this claimant.

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

1. Official Disability Guidelines