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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC NETWORK

DATE OF REVIEW: 02/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat EMG NCV Right Upper Extremity

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

Board Certified in Orthopedic Surgery

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.

Repeat EMG NCV Right Upper Extremity - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Electro-Diagnostic Interpretation, , M.D., 12/10/07
- Examination Evaluation, , M.D., 07/25/08
- Diagnostic Imaging Report: MRI Scan of the Right Wrist Without Contrast, , M.D., 08/11/08
- Examination Evaluation, , M.D., 08/20/08
- Outpatient Evaluation, Unknown Provider, Physical Therapy Department, 08/29/08
- Physical Therapy Progress Summary, , 10/03/08
- Adverse Determination, 12/24/08, 01/08/09
- Letter from Dr. , 01/22/09
- Note from Dr. stating Electromyography/Nerve Conduction Studies is required (No date)
- Appeal (No date)
- The ODG Guidelines were provided by the carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury to his right and hand wrist when they were crushed between a roll bar and a pipe on xx/xx/xx. He underwent some therapy with no significant improvement. An MRI was performed as well as EMGs, the most recent of which showed moderate to severe right carpal tunnel and residual left carpal tunnel from a previous carpal tunnel release done many years ago. It was noted that the patient had not been taking any routine medications.

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

The patient has had two EMGs in the past, one on 12/10/07 and one more recently on 07/25/08. The findings were similar. The patient had severe carpal tunnel syndrome on the right, moderate carpal tunnel syndrome on the left, and mild right ulnar neuropathy. There has been no documentation of significant change in the examination. As there is no evidence that there has been any significant change in the examination that would necessitate an EMG, I do not see the need for a further EMG study at this time.

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)**