



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 02/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/nerve conduction study, right upper extremity and cervical.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the multiply injured patient

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:

1. forms
2. referral forms
3. Denial letters, 12/15/08 and 01/06/09
4. URA records
5. Clinical notes, seven records between 10/02/08 and 01/19/09
6. MRI scan of the right elbow, 10/22/08, and right wrist
7. MRI scan of the left knee, 10/23/08, and right knee
8. MRI scan of the cervical spine, 12/04/08
9. ODG Guidelines for electrodiagnostic testing
10. EMG/nerve conduction studies
11. Requestor records including clinical notes dated 12/05/08 and 01/14/09
12. X-rays, right shoulder, right wrist, and right elbow, 10/02/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old female fell at work, suffering direct blow injuries to her left knee, right shoulder, right elbow, and right forearm. She has had multiple complaints of

pain. She has had treatment including nonsteroidal anti-inflammatory medication, pain medications, and physical therapy. She has undergone left knee arthroscopy for medial meniscus tear. She is potentially a candidate for right shoulder surgery. EMG/nerve conduction studies of the cervical spine and right upper extremity have been requested in an effort to be assured that there was no radicular component to her symptoms of pain. The patient has no physical findings that would indicate radiculopathy.

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

The patient has direct blow injuries to multiple locations. Her left knee symptoms have been treated with a surgical procedure. She is being considered for a possible right shoulder procedure. There are no neurological findings to suggest radiculopathy. The MRI scan of the cervical spine reveals only calcification of the posterior longitudinal ligament. No neural compromise lesions are evident.

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

(Check any of the following that were used in the course of your review.)

- 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, 2008, Cervical Spine Chapter, Discography passage.
- 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.)