



DATE OF REVIEW: 07/31/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Repeat EMG/nerve conduction study.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering carpal tunnel syndrome

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. ZRC forms
2. TDI referral forms
3. Denial letters 05/18/09 and 05/28/09
4. Carrier records
5. Utilization records 07/20/09
6. MES reviews, 05/16/09 and 05/28/09
7. Clinical notes, 07/01/09, 04/30/09, 03/24/09
8. Letters dated 05/11/09 and 05/21/09
9. EMG/nerve conduction study report dated 11/05/07
10. Discharge summary from occupational therapy, 04/06/09
11. Occupational therapy progress notes, 03/24/09 and 05/19/09
12. Clinical notes, D.O., 03/17/09
13. TWCC-73
14. Physician records
15. Occupational therapy evaluations and treatment, 01/13/09 and 01/25/09
16. Requestor records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered an injury on xx/xx/xx. The mechanism of injury is not described. Initial treatment is not described. Apparently there was an EMG/nerve conduction study performed on 11/05/07, revealing severe carpal tunnel syndrome, more severe on the right than the left. The patient underwent a carpal tunnel release and had residual symptoms. A repeat EMG/nerve conduction study was performed in September 2008. It appears that the patient has developed ulnar aspect symptoms of tingling and numbness including the fourth and fifth fingers of the right hand. These symptoms have not been completely evaluated.

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

Apparently this patient has suffered residual symptoms after a carpal tunnel release on the right hand. The full documentation of the mechanism of injury, initial treatment, surgical treatment, and subsequent symptoms is not present. However, the patient has had progressive worsening of symptoms involving the ulnar aspect of her right hand. It does not appear that these symptoms have been completely evaluated; as part of the evaluation of such symptoms, yet another EMG/nerve conduction study would appear to be appropriate.

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.
- 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.)