

I-Decisions Inc.

An Independent Review Organization
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DATE OF REVIEW:

Jun/29/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

EMG/NCV bilateral upper extremities (99242, 95861, 95900)

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

MD – Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Determination Letters, 5/15/09, 5/7/09

Office Visit 04/16/02, 08/20/02

Prescription 02/17/03

Patient questionnaire 07/23/03, 05/12/04, 11/17/04, 03/10/05

Request for MRI 08/05/03

Dr. 10/03/03

Medical Associates 02/16/04

Dr. 05/12/04

Request for medication 07/29/05

, 11/18/05

Dr. 07/11/07

Family Medical Center 03/13/08, 09/05/08, 09/11/08, 10/15/08, 12/17/08, 02/02/09, 03/15/09, 04/17/09

Certification Form 05/04/09

Consent, undated

Attorney Communication, 06/17/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured on xx-xx-xx when she slammed her left hand in a door and twisted her right arm. A note from 2002 indicated the claimant had 16 upper extremity surgeries and other records reported she had 11 procedures. At that time, she was having numbness in the median and ulnar nerves. She also had neck and back pain. A thoracic MRI from 10/08/02 showed perineural cysts at C6-7, T1-2 and T2-3. A 09/11/03 MRI of the cervical spine showed C3-4 minimal spondylosis and uncovertebral joint hypertrophy; C4-5 mild spondylosis and uncovertebral hypertrophy bilaterally with mild bilateral foraminal stenosis; C5-6 spondylitic ridging with posterior element hypertrophy with mild narrowing of

the foramen and C6-7 spondylosis with ridging and mild posterior element hypertrophy. A 09/19/03 EMG/NCV was normal.

The claimant treated in pain management in 2004 with Dr. The claimant reported bilateral upper extremity pain. On examination there was thenar and hypothenar tenderness. There was positive bilateral Tinel's at the wrist and decreased grip strength bilaterally. The impression was carpal tunnel syndrome and ulnar neuropathy. She was treated with medications. Complaints in 2005 were unchanged and the claimant continued to work full time.

There were 2006 and 2007 notes from Dr. that were hand written. The claimant did continue treatment for neck and hand pain. She was noted to have taken Hydrocodone and Neurontin, Tegretol and Lyrica during that time. A 03/28/08 x-ray of the right shoulder showed degenerative changes of the acromioclavicular joint. The 03/28/08 right elbow x-rays documented multiple metallic clips in the soft tissue from surgery with no acute abnormality. The claimant was seen in 2008 for bilateral hand pain and right arm weakness. Cervical motion was limited and her hands were painful with decreased grip and joint swelling. In early 2009 the claimant was seen for insomnia.

A 04/23/09 peer review denied request for EMG/NCV noting that after a discussion with the physician – he had requested the EMG for a basis for disability and not medical need. A 05/01/09 office note indicated the claimant was filing for SSDI and needed the EMG of both arms for ulnar or carpal tunnel syndrome. In a letter dated 05/03/09 the claimant noted she had chronic pain for 16 years and that she could not sleep and had numbness and weakness. On 05/07/09 the request was denied citing handwritten notes with little clinical information. On 05/15/09 the studies were again denied on peer review based on no objective radiculopathy or carpal tunnel syndrome.

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

The requested EMG nerve conduction study is not medically indicated or appropriate based on the medical records provided for review. There is no medical documentation that would suggest a cervical or peripheral nerve disorder. However, there is chronic pain documented for the past 16 years, inability to sleep with numbness and weakness. ODG guidelines recommend EMG for those with clinical signs and who may be candidates for surgery. These guidelines have not been met. These medical records indicate that the EMG is requested to be done on the basis of a disability and not a medical need. Therefore, based on the medical records, and evidence-based guidelines, the reviewer finds that medical necessity does not exist for EMG/NCV bilateral upper extremities (99242, 95861, 95900).

Official Disability Guidelines Treatment in Worker's Comp 2009 Carpal Tunnel

Electrodiagnostic studies (EDS)

Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities

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

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)