

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.255.9712 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 25, 2009 AMENDED: MARCH 26, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed EMG/NCV Rt and Lft upper extremity (95900, 95904, 95861)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
723.4	95900, 95904, 95861		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 74 pages of records received to include but not limited to: letters 3.9.09, 2.19.09, 2.25.09, 5.21.08; Request for an IRO forms; DWC form PLN-11; NCV/EMG report 4.12.07; fax confirmation sheets; x-ray C-spine 2.11.09; MRI C-spine 3.20.08; DDE report 5.28.08; report, Dr. 9.8.08; Medical Center note 1.30.09; Dr. record 2.11.09

Requestor records- a total of 16 pages of records received to include but not limited to:  
CT Brain 9.20.05; MRI C-spine 11.1.05, 3.20.08; MRI L-spine 11.1.05; MRI Lft knee 12.2.08;  
note, Dr. 2.11.09

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained an on the job work related injury on xx/xx/xx.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Based upon the ODG guidelines, evidence of a severe or progressive neurologic deficit should be demonstrated. Based on the records, this is not demonstrated. Therefore, medical necessity could not be established.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES