



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 3/31/09

**IRO CASE #:**

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

EMG/NCV left upper extremity

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

Certified by the American Board of Orthopedic Surgery with sub-specialty certification in Surgery of the Hand

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
Xx/xx/xx/		Prospective	955.2	95904	Upheld
Xx/xx/xx/		Prospective	955.2	95900	Upheld
Xx/xx/xx/		Prospective	955.2	95860	Upheld
Xx/xx/xx/		Prospective	955.2	99243	Upheld

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

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician letter dated 2/19/09

Electrodiagnostic evaluation (not dated)

Evaluations dated 3/5/09, 2/5/09, 1/29/09, 12/17/08, 12/11/08, 11/4/08, 4/2/08, 2/20/08, 1/24/08

Official Disability Guidelines not provided

### **PATIENT CLINICAL HISTORY:**

This claimant sustained an injury on xx/xx/xx. The claimant reportedly hit the left elbow on the counter while trying to catch a falling dish. Treatment has included multiple surgeries to the elbow. The first was a decompression of the cubital tunnel. The second was for neurolysis and submuscular transposition of the nerve with re-release. According to the medical record, the claimant developed subsequent numbness and tingling. The claimant was noted to have significant scarring, and the 3/5/09 evaluation noted that the claimant has had “episodes of significant dysfunction” and numbness and tingling about the nerve. Physical examination revealed “a little bit of weakness in the intrinsics and forearm”, 2+ radial pulse, negative cervical compression, and positive Tinel’s over the ulnar nerve. EMG/NCV of the left upper extremity was recommended.

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

In the Reviewer’s opinion, based on the clinical information provided, the request for additional EMG/NCV of the left upper extremity is not indicated. Per the physician’s notes, the claimant has had a recent flare with positive Tinel’s over the ulnar nerve and slight weakness in the intrinsics and forearm. The remaining physical examination was negative. The Official Disability Guidelines support electrodiagnostic studies to rule out cervical disease in the presence of cubital tunnel syndrome and other electrodiagnostically positive etiologies; however, does not support electrodiagnostic studies in clinically obvious settings. The requested electrodiagnostic studies of the left upper extremity are not warranted at this time.

### **References:**

ODG Elbow Chapter: “EMG/NCS to rule out other conditions: Electrodiagnostic studies should be considered if there is clinical evidence of nerve entrapment or cervical radiculopathy as alternative diagnoses. Electrodiagnostic is not warranted either as a diagnostic test where clinical symptoms are well defined or as predicted indicator of surgical outcome, but it may still be useful in cases where the clinical diagnosis is not clear.”

**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)