

# Applied Resolutions LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 853-4329

Email: [manager@applied-resolutions.com](mailto:manager@applied-resolutions.com)

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/25/2009

**IRO CASE #:**

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

Repeat EMG/NCV of Bilateral Upper Extremities

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

**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**

OD Guidelines

Denial Letters 8/7/09 and 8/31/09

8/22/09

Dr. 7/22/09 thru 8/19/09

**PATIENT CLINICAL HISTORY SUMMARY**

This man sustained a work related injury on xx/xx/xx. He had pain in his left shoulder and arm. He reportedly had an MRI on 1/7/08 that reportedly showed tendinosis and blunt trauma to the left shoulder. There were cervical MRIs that showed some foramial narrowing from C3 to C6 due to degeneration. An EMG showed bilateral median nerve slowing (possible CTS if there are symptoms), and no evidence of a radiculopathy. Dr. 's 7/22/09 note reported left shoulder arthroscopic surgery on 5/13/08 by Dr. . XXX 8/19/09 note described a second left shoulder surgery on 3/6/09 by Dr. , but I do not know what was done. XXX described the scar being present. XXX examination described reduced shoulder motion, and some

weakness. XXX reported some different sensation (without describing what) in the C5/6/7 dermatomes. XXX 8/19 note stated the request was to rule out axillary nerve damage.

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

The ODG discusses the electrodiagnostic studies to rule out a radiculopathy or CTS. These were done. The comment by Dr. is for a study to assess the axillary nerve for symptoms. The Reviewer could not tell from the records if this followed or preceded the prior shoulder operations. Axillary Nerve symptoms are limited to the shoulder (and can overlap with C5) rather than down the forearm to the hand where C7 is present. Yet, he may also have carpal tunnel syndrome that could give some C6 and C7 hand symptoms. The difficulty of not knowing what the procedure Dr. performed or even where the surgical scar is makes it hard to not consider axillary nerve injury. Further, the surgical site would affect emg studies in the operated muscle. The study of the axillary nerve will involve nerve conduction studies of the nerve and Brachial Plexus. This would be a different entity than for the previous studies and is not addressed in the ODG. A side-to-side comparison of the axillary nerve may suffice. Therefore, the request is medically necessary.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)