



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION*

**DATE OF REVIEW: 11/03/2009**

**IRO CASE #:**

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

Right upper extremities EMG/NCV

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

Texas State Licensed MD Board Certified Physical Medicine & Rehab physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 10/19/2009
2. Notice of assignment to URA 10/19/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 10/16/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 10/15/2009
6. letter 09/14/2009, letter 09/11/2009, letter 08/07/2009, letter 08/07/2009
7. Chart notes 02/17/2009, 04/14/2009, & 07/29/2009, rqst extremity electroneurodiagnostic study 10/15/2009, pre-auth rqst 09/21/2009, pre-auth rqst extremity electroneurodiagnostic study 09/15/2009, pre-auth rqst 09/09/2009, pre-auth rqst extremity electroneurodiagnostic study 08/20/2009, pre-auth rqst 08/04/2009, DNI order 07/29/2009
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant is a male who sustained a xx/xx/xx, occupational injury. On that date he fell under a conveyor belt and twisted his right knee. Additionally, he sustained injuries to the low back and right hand. He was subsequently diagnosed with tenosynovitis. As of July 28, 2009, the treating physician's progress note with regard to the right hand indicates loss of strength and difficulty removing lids from a jar. The physical examination findings indicate thenar eminence muscle atrophy of the right hand and reduced right-hand grip strength. A right upper extremity EMG/NCV to rule out carpal tunnel was requested.



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

A requested right upper extremity EMG/NCV is not certified, as not medically indicated. The claimant is demonstrating obvious stigmata of carpal tunnel syndrome, including decreased manual grip strength and focal thenar eminence muscle atrophy. Additionally, it is not documented that the claimant is considered to be a surgical candidate for decompression of the right carpal tunnel syndrome. According to Official Disability Guidelines' chapter regarding carpal tunnel syndrome-electromyography (EMG) is "recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS)." With regard to nerve conduction studies, the Official Disability Guidelines states, "recommended in patients with clinical signs of CTS who may be candidates for surgery."

### **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)