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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED -

Date of Notice of Decision: Apr/13/2010
Date of Notice of AMENDED Decision: Apr/21/2010

DATE OF REVIEW: Apr/13/2010
DATE OF AMENDED REVIEW: Apr/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: EMG B UE & LE 95831, 95851, 95900, 95860, 95903, 95904, 95934, 95936, 95925, 93740, **95960**

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Hand/Wrist Chapter, Electrodiagnostic studies
The 2/17/10, 1/26/10
Diagnostic Services 3/24/10, 1/20/10, 2/1/10
MRI & Diagnostic 12/17/09
D.C. 12/1/09
AANEM Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a right handed man who fell from a ladder on xx/xx/xx and injured his right wrist. There is an MRI that showed an ulnar styloid fracture and distal radius fracture and contusions to the capitate, hamate, scaphoid and lesser multiangular. The patient was seen by Dr. on 12/1/09 for an initial evaluation. Dr. noted a fracture and casting after the fall. He had right hand symptoms that included numbness on the ulnar aspect of the wrist, hand and little finger. The note discussing symptoms and the fracture suggest the dorsal cutaneous ulnar

nerve may be involved. Electrodiagnostic studies were requested.

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

In his letter dated March 24, 2010, the requesting provider states that EMG/NCV of the right upper extremity is the only service/treatment being requested. However, the request in the most recent denial letter from the Hartford (dated 2/17/10) is for EMG B UE & LE 95831, 95851, 95900, 95860, 95903, 95904, 95934, 95936, 95925, 93740 and 95960. The AANEM does not comment on ulnar nerve injuries other than at the elbow. According to the forearm section of the ODG, the motor and nerve conduction studies may be justified by the type of injury. However, in this case, there was no neurological examination provided. As per AANEM recommendations, a neurological examination would be appropriate before any electrodiagnostic studies. Once provided, then the appropriate studies within the clinician's practice parameters would be considered according to these guidelines. The reviewer finds that medical necessity does not exist at this time for EMG B UE & LE 95831, 95851, 95900, 95860, 95903, 95904, 95934, 95936, 95925, 93740 and **95960**.

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 KNOWLEDGBASE

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: AMERICAN ASSOCIATION OF NEUROMUSCULAR & ELECTRODIAGNOSTIC MEDICINE GUIDELINES)