

## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 30, 2010

**IRO CASE #:**

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

2<sup>nd</sup> Electromyography and Nerve Conduction.

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

This physician is Board Certified by American Board of Physical Medicine and Rehabilitation with 14 years of experience.

**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**

On November 19, 2008, Ms. was evaluated by, DO, an orthopedic surgeon. Impression: Probable carpal tunnel syndrome. Dr. recommended and EMG nerve conduction study to rule out upper extremity neuropathy.

On January 8, 2009, an EMG/NCV of the upper extremities was performed. Impression: 1. Carpal tunnel. 2. Arm pain, as interpreted by, DO.

There is an Electrodiagnostic addendum dated January 8, 2009 from D.O. Electrodiagnostic Assessment: 1. Abnormal study. 2. Electrodiagnostic findings consistent with bilateral median demyelinating mononeuropathies, mild to moderate in nature affecting the sensory and motor fibers but without any suggestion of active denervation, remote, acute, or ongoing and the needle EMG study.

On January 12, 2009, Ms. was re-evaluated by, DO. Ms. stated that she has no significant pain at rest, but she has significant pain with activities. Dr. stated that since Ms. is being treated by Dr. with medications, including Gabapentin and Mobic, surgical recommendations have been deferred.

On January 19, 2009, Ms. was re-evaluated by, DO. Ms. stated that she continues to have unimproved symptom complex, more on the right than the left. Dr. recommended injection of Dexamethasone and Xylocaine, since physical therapy has been exhausted per the ODG guidelines, more physical therapy was not recommended.

On February 9, 2009, Ms. was re-evaluated by, DO. Ms. stated that she has numbness and tingling and pain in her hands and fingers, more on the right than the left. Dr. recommended a right carpal tunnel release.

On March 12, 2009, Ms. underwent surgical intervention of the right wrist as performed by, DO. Procedures: Right carpal tunnel release.

On March 13, 2009, Ms. began post-operative physical therapy of the right wrist. Plan: Three times per week for three weeks.

There is a physical therapy progress report dated April 7, 2009. It states Ms. has good rehab progress. Her pain is the same, and soft tissue improvement. She is to continue physical therapy.

On April 8, 2009, Ms. was re-evaluated by, DO. Ms. states that she still has numbness in her left wrist and the tingling has gotten progressively worse. Dr. recommended left carpal tunnel release.

On April 27, 2009, Ms. was seen for a pre-operative history and physical. Ms. was approved to undergo carpal tunnel release of the left wrist.

On April 30, 2009, Ms. underwent surgical intervention of the left wrist as performed by, DO. Procedures: Left carpal tunnel release.

On June 1, 2009, Ms. began post-operative physical therapy of the left wrist and left thumb at.

There is a progress report dated June 3, 2009, that states Ms. has decreased pain, increased strength and increase ROM with physical therapy.

On July 1, 2009, Ms. discontinued physical therapy sessions. She participated in 12 sessions. She is to continue with a home exercise program.

On July 8, 2009, Ms. was re-evaluated by, DO. Ms. states that she is doing well with minimal complaints. She has some mild occasional heat feeling in the left palm with activities, but the original numbness and tingling has resolved. Dr. released her from his care and released her back to work full duty.

On April 28, 2010, Ms. was re-evaluated by, DO. Ms. stated that she has bilateral wrist pain, numbness and tingling in all her of fingers radiating up to the arms and shoulders. She states the left is worse than the right. Impression: Status post carpal tunnel releases. Possible bilateral upper extremity shoulder girdle internal derangements. Possible cervical or peripheral radiculopathy. Dr. recommended EMG/NCV of the upper extremities.

On May 12, 2010, DO, a pain management specialist, performed a utilization review on the claimant. Rationale: She had complaints of pain, but had a normal neurological exam, and no clinical signs of CTS, Cubital Tunnel Syndrome, or cervical radiculopathy. She also had complaints of recent increase in pain and other than using splints has not done other care like PT. Therefore, it is not certified.

On May 20, 2010, MD, an orthopedists, performed a utilization review on the claimant. Rationale: There has been no conservative care with splinting or injection. There are vague complaints of pain and tenderness about the shoulder girdle and extremities and subjective numbness in all the fingers. This is not associated with any dermatomal distribution or specific cervical or hand pathology. There is no plain x-ray of the cervical spine to assess for spondylosis. There are no positive neurologic signs on exam. There is no sign of carpal tunnel syndrome on exam. There is no sign of cervical radiculopathy. There have been NSAIDS for conservative care. The claimant should be treated with a home exercise program, PT, and splinting prior to EMG/NCS studies. If the claimant fails conservative care and surgery is being considered, then ODG allows for this testing to rule out carpal tunnel syndrome versus cervical radiculopathy. The request for EMG/NCS for the bilateral upper extremities is not medically necessary.

#### **PATIENT CLINICAL HISTORY:**

Ms. is a female who states that she had no specific injury but does a lot of repetitive activities at work. She began to complain of pain, numbness and tingling in her hands, left forearm and elbow beginning.

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

The previous decisions are upheld. A repeat Needle EMG and Nerve Conduction Study are not medically necessary per the ODG Guidelines. There is a long span of time from his discharge from treatment to follow-up without a trial period of resumed conservative care i.e. activity modification, home exercise program, a few visits of physical therapy to reacquaint with the home exercise program, NSAID's, neuropathic, and analgesic injections.

**Protocols for electrodiagnostic studies:** The American Association of Electrodiagnostic Medicine, American Academy of Neurology, and the American Academy of Physical Medicine and Rehabilitation have jointly published their practice parameter for electrodiagnostic studies in carpal tunnel syndrome. In patients with suspected CTS, the following EDX studies are recommended: (1) Perform a median sensory NCS across the wrist with a conduction distance of 13 to 14 cm. If the result is abnormal, compare the result of the median sensory NCS to the result of a sensory NCS of one other adjacent sensory nerve in the symptomatic limb. (2) If the initial median sensory NCS across the wrist has a conduction distance greater than 8 cm and the result is normal, one of the following additional studies is recommended: (a) Comparison of median sensory or mixed nerve conduction across the wrist over a short (7 to 8 cm) conduction distance with ulnar sensory nerve conduction across the wrist over the same short (7 to 8 cm) conduction distance, or (b) Comparison of median sensory conduction across the wrist with radial or ulnar sensory conduction across the wrist in the same limb, or (c) Comparison of

median sensory or mixed nerve conduction through the carpal tunnel to sensory or mixed NCSs of proximal (forearm) or distal (digit) segments of the median nerve in the same limb. ([Jablecki, 2002](#)) ([Chang, 2006](#))

**Minimum Standards for electrodiagnostic studies:** The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards: (1) EDX testing should be medically indicated. (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for “screening purposes” rather than diagnosis are not acceptable. (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis. (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate NCSs to be performed. (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. (6) It is appropriate for only 1 attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression. (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. ([AANEM, 2009](#))

**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)