

SENT VIA EMAIL OR FAX ON  
Aug/06/2010

## P-IRO Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Aug/06/2010

**IRO CASE #:**

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

EMG/NCV for the right UE

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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**

Denial Letter 7/8/10 and 7/16/10  
FOL 7/21/10  
Neurosurgical & Spine Care 7/16/09 thru 7/8/10  
Medical Center 6/10/10  
Dr. 5/10/10  
Radiology Reports 9/21/09 thru 5/17/10  
PT 2/1/10  
DDE 4/13/10  
OP Report 9/4/09  
Neurosurgical Consultants 8/5/09  
MRI 6/23/09  
Medical Center 6/23/09  
507 pages from the carrier 6/23/09 thru 7/21/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx, when he fell 15 feet onto a concrete floor. On 09/04/2009 he underwent a C4-C5 and C5-C6 ACDF. He complains of numbness and tingling involving 4<sup>th</sup> and 5<sup>th</sup> digits of the left hand with weakness of handgrip and finger abduction. His examination 05/17/2010 reveals weakness of abduction and adduction of the fingers and apposition of the thumb and middle finger on the left, with normal strength on the right. Plain films of the cervical spine 05/17/2010 showed no abnormal motion. He had EMG and NCV studies performed as part of his MMI evaluation 05/10/2010. Left ulnar nerve entrapment across the elbow and mild left carpal tunnel were diagnosed from this study.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

## **AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The EMG/NCV of the right upper extremity is not medically necessary. This reviewer cannot find any recent documentation of any right upper extremity complaints. The rationale for this study is unknown. He has a relatively recent 05/10/2010, study of the left upper extremity. There is no indication that there are any new findings or complaints that would warrant additional testing. Therefore, medical necessity for testing of the right upper extremity (or even the left upper extremity) is not established, based on the submitted documentation.

## **References/Guidelines**

2010 *Official Disability Guidelines*, 15th edition

“Neck and Upper Back” chapter:

### **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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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