

Notice of Independent Review Decision

DATE OF REVIEW:

12/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCV Bilateral lower extremities.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested electromyogram/nerve conduction velocity (EMG/NCV) of bilateral lower extremities is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 11/23/10 letter
- 11/18/10 MCMC Referral
- 11/18/10 Notice to MCMC, LLC of Case Assignment, DWC
- 11/18/10 letter
- 11/18/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 11/17/10 Request For A Review By An Independent Review Organization
- 11/11/10 Notice of Reconsideration Outcome: Adverse Determination, insights
- 11/01/10 Notice of Review Outcome: Initial Adverse Determination/Denial, insights
- 10/08/10, 07/19/10, 06/07/10 Work Status Reports, M.D., DWC
- 08/20/10, 08/11/10, 07/19/10 follow-up office notes, Orthopedic
- 08/17/10 MRI left femur, Radiology Reports
- 08/17/10 MRI left knee, Radiology Reports
- 07/07/10 Notice of Review Outcome, insights
- 04/26/10 Operative Report, M.D., Surgery Center
- 04/20/10 first page of office note, Group
- 04/16/10 office note, M.D.
- 04/08/10 MR left knee, Imaging
- ODG TWC Low Back guidelines – Electrodiagnostic studies (EDS), Nerve conduction studies (NCS), EMGs (electromyography)

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is status post arthroscopic partial lateral meniscectomy. On 10/25/2010, an antalgic gait was documented. A more recent 08/17/2010 dated post-op MRI denoted the possibility of a possible tear of the proximal patellar tendon. The attending provider (AP) discussed the possibility of surgical repair. Electrical studies to rule out or rule in neurological or radiculopathic deficit associated with painful leg discomfort and gait disturbance was noted. Denials indicated the lack of physical findings associated with neurological deficit associated quadriceps dysfunction. The 11/03/2010 dated record reported a gait disturbance, tenderness and some weakness and motion deficit.

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

Without subjective numbness, tingling, objective motor deficit in a radicular pattern, dermatomal sensory deficit and/or reflex deficit, electrical studies are not reasonably required as per applicable guidelines. In addition, with an MRI documented abnormality at the proximal patellar tendon, additional diagnostics appear redundant to already available documented findings.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

EMGs (electromyography): Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)