

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat BUE EMG/NCV

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
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

Official Disability Guidelines for Workers' Compensation
Adverse Determination Letters, 10/22/09, 11/16/09
Clinic 7/16/09, 8/7/09, 8/20/08, 9/10/08, 6/10/08
DC 7/16/09, 8/7/09, 6/10/08, 8/20/08
Work Hardening Treatment Plan 9/2/08, 9/16/09, 9/9/08
Health Consultation 5/15/09, 5/22/09, 5/29/09, 6/5/09
Healthcare Systems 8/29/08, 3/26/09, 5/20/08, 8/19/08, 10/14/08,
11/11/08, 7/22/08, 10/19/09, 11/5/09
Comprehensive Evaluation 12/15/08
Neuroscience Centers 12/3/07
Basic Exam 8/21/09

PATIENT CLINICAL HISTORY SUMMARY

This review involves a man who was injured on xx/xx/xx. He had ongoing left wrist pain. Electrodiagnostic studies performed 12/3/07 were interpreted as showing carpal tunnel syndrome based upon prolonged left median and ulnar motor and sensory latencies, and f wave latencies. There were fibrillations in the left abductor pollicis brevis and abductor digiti minimi muscles. An MRI showed a chronic fracture of the hook of the hamate. He underwent surgical decompression of the left median and ulnar nerves at the left wrist in 1/09. He had residual symptoms. He had been in work hardening in 2008 (prior to his surgery) and a chronic pain program was discussed by Dr. several times in notes from the summer of 2009. An unsigned note from 8/21/09 describes sharp and numbing pain on the ulnar side of the hand.

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

This man is currently being considered for a pain program according to the records provided for this review. The ODG requires that all other diagnostic and therapeutic interventions must

have been completed before a pain program is appropriate: "All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program."

The appropriateness of the electrodiagnostic studies are the subject of this review. The previous studies were interpreted as showing CTS. The ulnar sensory latency may be prolonged with the median motor and sensory latencies in CTS. The reason has not been adequately explained. The ulnar motor latency was also prolonged. This is a much less common finding in CTS. The median motor velocity can be prolonged in CTS with retrograde median nerve damage. The EMG showed abnormalities in the abductor pollicis brevis and the abductor digiti minimi muscles. One is median innervated. The other is usually ulnar innervated (except in the presence of anomalous innervations). The differential diagnosis from these findings include a C8/T1 radiculopathy as well as an axonal neuropathy. Thoracic outlet syndrome is a rare, but possible, condition to be considered. The paraspinal muscles were not examined. F wave prolongation may reflect a radiculopathy, but could also be anticipated with the median and ulnar latency prolongation and the median nerve slowing. These prolonged conduction studies can be seen in a peripheral neuropathy. Since this man remains symptomatic, the diagnosis, and hence the appropriate treatment, may not have been established. Nerve conduction studies of both upper extremities with EMGs that include the paraspinal muscles would be justified to determine the presence of a neuropathy or radiculopathy. There are no cervical MRI studies provided to exclude or support the diagnosis of cervical disc or bone problems that could be a radiological cause of a radiculopathy. The request meets the guidelines. The reviewer finds that medical necessity exists for Repeat RUE EMG/NCV.

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