

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 06/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Electromyography/Nerve Conduction Studies of the bilateral upper extremities between 05/26/2010 and 07/25/2010

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Electromyography/Nerve Conduction Studies of the bilateral upper extremities are medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Decision letter– 06/01/10, 06/10/10
- Decision letter– 06/01/10, 06/10/10
- History and Physical by Dr. – 05/07/10
- Report of MRI of the left elbow – 04/07/10
- Information for requesting a review by an IRO – 06/16/10
- ODG Guidelines for Forearm, Wrist, and Hand Electrodiagnostic studies - no date
- Physical therapy notes – 03/17/10 04/02/10
- Letter from Orthopedic Surgery – 06/02/10
- Request for Treatment Authorization Form – 05/24/10
- Office visit notes by Dr. – 09/24/08 to 07/01/09
- EMG/NCS report – 09/29/08
- Operative report for carpal tunnel and ulnar nerve release left – 02/17/09
- Operative report for ulnar nerve transposition – not dated
- Operative report for carpal tunnel release right and ulnar nerve transposition right – 04/30/09

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient with a history of bilateral ulnar nerve release as well as carpal tunnel surgery sustained a work related injury on xx/xx/xx when he picked up a trash bag and experienced sudden shooting, burning pain in the left elbow down to his hand. An MRI of the left elbow performed on 04/07/10 was suggestive of subluxation with ulnar neuritis and mild tendinopathy of the common flexor tendon. The patient has been treated with physical therapy and the treating orthopedic surgeon is recommending electromyography/nerve conduction studies of the bilateral upper extremities.

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

This patient experienced a work related injury on xx/xx/xx to the left arm. This resulted in ulnar nerve symptoms that included numbness to the long and ring fingers as well pins and needles type pain. An MRI of the left elbow on 04/07/2010 indicated subluxation and ulnar neuritis. Electromyography and nerve conduction studies are necessary to determine if there is any new pathology present in the left elbow, any new stenosis and the presence of old scarring. Treatment decision cannot be made without these studies.

#### **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)