

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

95861 Bilateral EMG

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 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 4/14/10, 4/22/10

Orthopaedic & Sports Medicine, MD 4/6/10, 2/25/10, 12/31/09, 2/23/10

EMG, 4/8/10

MRI of the Right Ankle, 2/23/10

PATIENT CLINICAL HISTORY SUMMARY

This is a was injured on xx/xx/xx with a reported right ankle sprain and left knee contusion. The patient states she fell forward and stepped into the missing section of a sidewalk. She has reported numbness in the dorsum of her foot to her toes. She states she has felt this since the initial sprain and has not felt any interval improvement in symptoms. The notes state that she has been unable to participate in any physical therapy due to family difficulties. The 4/6/10 exam described reduced sensation and a Tinel sign under the retinaculum, suggesting a compression under the retinaculum. (AKA "dorsal tarsal tunnel syndrome.") Dr. has requested physical therapy, EMG and splinting. The provider requested the PT "to address her Achilles and also work on ankle stabilization." The patient stated she was unable to do physical therapy. The request for 95861 Bilateral lower extremity EMG has been denied twice on peer review and is the subject of this review.

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

The ODG recognizes the possibility of the existence of nerve injuries with ankle sprains:

“Traction injuries to the peroneal and sural nerves can occur with sprains of the ankle. They are detected by careful palpation of the nerves for tenderness. The sural nerve runs posterior and distal to the lateral malleolus. Injury to these nerves may occasionally lead to reflex sympathetic dystrophy.” (ODG)

However, in this case the denial letters from the insurance company both state that a bilateral test has been requested. (See Adverse Determination Letters, 4/14/10, 4/22/10) This is a case where there are unilateral symptoms. Therefore, the reviewer is unable to overturn the denial for bilateral lower extremity EMG. The reviewer finds that medical necessity does not exist for 95861 Bilateral EMG.

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)