



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 10/28/10

**IRO CASE NO.:**

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

Item in dispute:

REQUEST: Out-patient (OP) EMG/NCV right upper extremity (RUE)

DATES OF SERVICE FROM 09/02/2010 TO 09/02/2010

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

Texas Board Certified Family Practice

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 08/06/10 - Clinical Note - Unspecified Provider
2. 08/13/10 - Clinical Note - Unspecified Provider
3. 08/13/10 - Texas Work Status Report
4. 08/27/10 - Clinical Note - Unspecified Provider
5. 09/02/10 - Utilization Review
6. 09/10/10 - Clinical Note - Unspecified Provider
7. 09/14/10 - Utilization Review
8. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The claimant is a female who sustained an injury on xx/xx/xx when she felt a sharp pain to the right upper extremity while carrying a heavy load.

It should be noted that the clinical notes are very difficult to interpret due to poor handwriting and copy quality.

The claimant was seen for evaluation on 08/13/10 with complaints of pain and weakness of the right upper extremity. The claimant reported increased symptoms range of motion. The claimant was recommended to use nonsteroidal anti-inflammatories.

The claimant was seen for follow-up on 08/27/10. The claimant reported improvement of the right arm, although the claimant did state the arm was sore after work. The claimant was assessed with right arm pain. The claimant was recommended for an EMG/NCV.

The request for electromyography and nerve conduction was denied by utilization review on 09/02/10 due to no current physical examination suggestive of carpal tunnel syndrome and no indication of failure of one month of conservative care.

The claimant was seen for evaluation on 09/10/10. The claimant reported occasional numbness of the right arm. The claimant was assessed with right arm pain. The claimant was recommended for EMG/NCV.

The request for electromyography and nerve conduction was denied by utilization review on 09/02/10 due to few anatomical deficits at the beginning of this injury and positive response to conservative treatment.

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

The requested EMG/NCV study of the upper extremities is not recommended as medically necessary. The claimant has no objective findings consistent with carpal tunnel syndrome, cubital tunnel syndrome, or cervical radiculopathy that would require EMG/NCV studies. The claimant has generalized complaints of weakness only that appears to have responded to conservative treatment.

Given the clinical documentation provided for review, EMG/NCV studies at this point in time would not reasonably provide additional information that would help guide the course of treatment for the claimant. As such, medical necessity is not supported.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**Official Disability Guidelines**, Online Version, Neck & Upper Back and Carpal Tunnel Syndrome Chapters.