

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 28, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed EMG/NCV left lower extremity (99242)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	99242		Prop	1			8.20.05	YKXC05846	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 27 pages of records received to include but not limited to:
TDI letter 9.8.10; letters 8.4.10, 8.12.10; Health Center records 6.22.10-7.20.10

Requestor records- a total of 24 pages of records received to include but not limited to:
PHMO Notice of IRO assignment; Health Center records 10.14.09; report, DPM 10.19.09; DWC 69, various DWC 73 forms; DDE report 10.28.08; MRI lft foot 5.24.06

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of the request for preauthorization of bilateral lower extremity electrodiagnostic assessment. This request was not certified as the standards outlined in the ODG foot and ankle chapter were not met.

The request was submitted for reconsideration and there was a lack of appropriate medical documentation to support this request. There was no noted mechanism of injury; there were subjective complaints of foot and ankle pain and minimal changes noted on physical examination.

I was forwarded additional notes indicating lateral instability and anterior draw laxity of the left ankle. One note indicated a referral for a podiatric evaluation. Another note identified a need for a chronic pain management program "due to severe depression."

Dr. completed at the podiatric consultation. The presenting complaint was a four-year history of left foot pain. The history indicated a prior left foot surgery. The assessment was left foot sprain,

left ankle sprain, and a possible left fifth metatarsal fracture (again four years after the date of injury). This was treated with careful follow-up and physical therapy.

Dr. completed a Designated Doctor evaluation and noted maximum medical improvement as of August 21, 2007 and assigned a 3% whole person impairment rating. The impairment rating was based on a slight loss of low left ankle dorsiflexion.

An MRI of the left foot was obtained on May 24, 2006. It was noted that there was a healing fracture of the base of the fifth metatarsal, with noted callous and edema.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines "Minimum Standards for electrodiagnostic studies: The American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends the following minimum standards:

- (1) EDX testing should be medically indicated.
- (2) Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for "screening purposes" rather than diagnosis are not acceptable.
- (3) The number of tests performed should be the minimum needed to establish an accurate diagnosis.
- (4) NCSs (Nerve conduction studies) should be either (a) performed directly by a physician or (b) performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing is underway, is immediately available to provide the trained individual with assistance and direction and is responsible for selecting the appropriate NCSs to be performed.
- (5) EMGs (Electromyography - needle not surface) must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted.
- (6) It is appropriate for only one attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g., history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. The reporting of NCS and EMG study results should be integrated into a unifying diagnostic impression.
- (7) In contrast, dissociation of NCS and EMG results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of NCSs separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. ([AANEM, 2009](#))

Thus, when noting the medical records presented, noting the date of injury and that the diagnosis has been determined there is no clear clinical evidence presented to support this study at this time. This test will not advance the diagnosis, change the treatment plan or alter the care delivered. There is no basis for this study at this time.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES