

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 15, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCS L UE

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

This physician is Board Certified by American Board of Pain Management and Anesthesiology with 40 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On xx/xx/xx, the claimant underwent surgical intervention of the left elbow as performed by, M.D. Procedures: 1. Open reduction and internal fixation of olecranon fracture. 2. Repair of triceps muscle on the left.

On July 17, 2003, an EMG of the left upper extremity was performed. Impression: EMG studies of the left upper extremity show normal findings everywhere except in the triceps where there is a reduced interference pattern. This probably indicates an old injury to the muscle or its nerve supply. 2. "Borderline" abnormal left median conduction study with a slightly prolonged sensory distal latency. This finding suggests the possibility of a mild or early left carpal tunnel syndrome with sensory changes only. 3. Abnormal left ulnar nerve conduction study with a decrease in amplitude of the proximal response and relative slowing of conduction velocity around the elbow. These findings are consistent with a segmental ulnar neuropathy at the elbow or cubital tunnel syndrome as interpreted by, M.D.

On August 14, 2003, the claimant underwent surgical intervention of the left elbow as performed by M.D. Procedures: 1. Removal of hardware, left elbow. 2. Left ulnar nerve transposition.

On February 7, 2006, the claimant underwent an EMG as performed by, M.D., a physical medicine and rehabilitation specialist. She complained of numbness and tingling in the ulnar aspect of the left forearm and hand, especially in the 4th and 5th digits. She also has complaints of left elbow pain and increased weakness in the left hand. Left elbow range of motion is within normal limits. Positive left elbow Tinel's test. Impression: Mild left ulnar sensory neuropathy without motor involvement. No evidence of left ulnar entrapment across the elbow. Left ulnar motor NCV across elbow is improved from prior study. Mildly diminished recruitment in the FCU, ADM, and FDP. Moderate left CTS, worse since prior study.

On March 9, 2006, the claimant underwent surgical intervention of the left elbow as performed by M.D. Procedures: 1. Neurolysis of ulnar nerve at the wrist and hand. 2. Revision of ulnar nerve transposition with neurolysis of the ulnar nerve at the elbow, this was on the left.

On August 30, 2010, the claimant was re-evaluated by, M.D. She has complaints of recurrent numbness and pain with extension of the elbow. She has decreased sensation in the 3rd, 4th and 5th digits. Her thenar strength is weak as well as her FPL. She has positive Tinel's at her carpal tunnel. Dr. r recommended a new EMG/NCS.

On September 14, 2010, M.D. a family practice physician, performed a utilization review on the claimant. Rational for Denial: The exam findings documented on 8/30/10 were abnormal, but it is not clear how they differ from her baseline. She does have a history of ulnar nerve symptoms and has a history of an ulnar nerve transposition. If the current findings are similar to her baseline exam, it is not clear how this additional study will change her current treatment. Therefore, it is not certified.

On October 5, 2010, M.D. an orthopedic surgeon, performed a utilization review on the claimant Rational for Denial. It has not been made clear how additional testing is going to bring forth new additional information that would make essential changes in the claimant's treatment, in as much as there is no physical examination evidence of a lesion of the ulnar nerve, despite findings of an updated electrodiagnostic study that would lead to the necessity of another surgical procedure to the claimants left elbow cubital tunnel. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx , the claimant is a female who sustained a fracture injury to her left olecranon process with significant displacement when she fell down some steps.

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

The claimant has a history of three surgeries on the left elbow, including two ulnar transpositions, as well as surgery on her left wrist. The physical examination performed on August 30, 2010, does not state that the complaints of recurrent numbness and pain with extension of the elbow are new. Similarly, the decreased sensation in the 3rd, 4th, and 5th digits is not said to be a new symptom. Certainly the physical findings on this examination are abnormal, but are not stated to be different from the baseline studies performed previously by the treating physician.

At the present time, the adverse decision of denying the repeat EMG/NCV study is upheld. If the treating physician can document significant new clinical findings in the future, which would lead to a change in her treatment, including additional invasive procedures, then at that time an EMG/NCV would potentially be warranted.

Per ODG Guidelines

Electrodiagnostic studies (EDS)

Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. (Bienek, 2006) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). For more information, see the Carpal Tunnel Syndrome chapter. Among patients seeking treatment for hand and wrist

disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. (Day, 2010)

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)**