

US Decisions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCS of the RUE

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

MD, Board Certified in Physical Medicine & Rehabilitation and 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, Neck and Upper Back

, 8/4/10, 8/10/10, 8/6/10

Letter to IRO, 8/24/10

, 8/4/10, 8/9/10

Health Centers, DC 8/14/08, 7/21/10, 7/26/10, 7/27/10

PATIENT CLINICAL HISTORY SUMMARY

This man was injured on xx/xx/xx. He was diagnosed with shoulder strain. His neurological examination is reported as normal. EMG/NCV studies have been requested to exclude a radiculopathy. The questionnaire completed by the patient in the summer of 2010 showed he had cramps about the shoulder going to the right hand. The examination check list showed positive Appley scratch test, supraspinatus arc pain and reduced shoulder motion, and normal reflexes. There is a brief written note about C6-8 dermatomal symptoms and reduced sensation.

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

The provider's rationale for EMG/NCS of this patient's right upper extremity has not been provided in the records reviewed. This patient's injury is x years old. The original note stated there was shoulder and hand pain. The ODG does not support nerve conduction studies for the evaluation of a radiculopathy and except in certain circumstances it does not recommend needle electromyography. It does approve its use in the determination of thoracic outlet syndrome. The latter predominantly affects the C8-T1 dermatomes in the hand. The distribution described in this patient's records was from C6-C8. It also has a role in the diagnoses of CTS. In this case it is unclear what this provider is trying to determine from the studies and if this is a new problem or a x year old problem. The reviewer finds that medical necessity does not exist for EMG/NCS of the RUE.

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)