

SENT VIA EMAIL OR FAX ON
Mar/28/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient EMG/NCV to the bilateral upper extremities (BUE) and MRI of the left shoulder

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

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

OD Guidelines

Dr. 1/10/11 thru 2/16/11

Dr. 2/7/11

MRI 3/26/10

X-Ray 4/7/10

Clinic 11/24/10

Provider 1/19/11 and 2/3/11

Radiology Reports 2/28/10

Clinic 2/28/10

Provider 3/2/10

Clinic 3/4/10 thru 11/5/10

PT Notes 4/19/10 thru 6/7/10

Dr. 7/21/10

DDE 7/6/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX year-old male with a date of injury XX/XX/XXXX, when he was assaulted by someone while working. He had several rib fractures. He complains of left arm numbness, as well as left shoulder pain that radiates into the arm. He is on medications and has undergone physical therapy. His neurological examination 01/19/2011 is normal. An MRI of the left shoulder 03/26/2010 shows "no gross full-thickness rotator cuff tear identified, rotator cuff tendonitis, and trace amount of subdeltoid bursitis". The report does state that the examination is motion degraded and limited by the patient's body habitus. Dr. states the MRI was of poor quality and only a 0.3 Tesla unit. He is also concerned with a brachial plexus contusion.

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

The EMG/NCV of the bilateral upper extremities is medically necessary. The provider is concerned that there is a brachial plexus injury. This is not specifically addressed by ODG. However, given the mechanism of injury, a brachial plexus injury is possible. Both EMG and NCV need to be done, as do both upper extremities, so that comparisons can be made between sides and sensory and motor abnormalities can be detected involving the peripheral nerves of the upper extremity.

The shoulder MRI is medically necessary. The radiology reports that there is motion artifact and Dr. states that this study is not adequate to evaluate the claimant's shoulder pathology. Repeating this MRI is, therefore, medically necessary in order to fully evaluate any shoulder pathology present.

References/Guidelines

2011 *Official Disability Guidelines*, 16th edition

"Neck and Upper Back" chapter:

EMG:

Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). (AAEM, 1999) EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms.

Positive diagnosis of radiculopathy: Requires the identification of neurogenic abnormalities in two or more muscles that share the same nerve root innervation but differ in their peripheral nerve supply.

Timing: Timing is important as nerve root compression will reflect as positive if active changes are occurring. Changes of denervation develop within the first to third week after compression (fibrillations and positive sharp waves develop first in the paraspinals at 7-10 days and in the limb muscles at 2-3 weeks), and reinnervation is found at about 3-6 months

NCS: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy.

[Microsurgery](#). 2011 Feb;31(2):93-7. doi: 10.1002/micr.20832. Epub 2010 Oct 11.

Sensory disturbances and pain complaints after brachial plexus root injury: a prospective study involving 150 adult patients.

[Bertelli JA](#), [Ghizoni MF](#), [Loure Iro Chaves DP](#).

[Neurosurgery](#). 2002 Sep;51(3):673-82; discussion 682-3.

Brachial plexus injury: a survey of 100 consecutive cases from a single service.

[Dubuisson AS](#), [Kline DG](#).

“Shoulder” chapter:

Indications for imaging -- Magnetic resonance imaging (MRI):

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs

- Subacute shoulder pain, suspect instability/labral tear

- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)

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)