;SENT VIA EMAIL OR FAX ON
Jan/31/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV of Right Lower Extremity and Left Upper Extremity

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Dr. 8/3/09
12/28/10 and 1/5/11
OP Report 3/23/09
FAE 6/15/10
Dr. 6/15/10 and 10/25/10
TTU 7/9/10
Treatment Centers 8/25/10 thru 11/19/10
URA 3/5/09 thru 1/5/11
11/15/10
Ortho 9/17/10 thru 11/15/10
Peer Review 9/22/10

PATIENT CLINICAL HISTORY SUMMARY
This is a injured on xx/xx/xx with a fall from a ladder. He sustained a right tibial plateau

fracture treated with external fixation until an ORIF was performed on 3/23/09. He had evidence of sciatic (peroneal/fibula and tibial nerve injury). He reportedly then complained of numbness in the left 3,4,5 digits that the patient attributed to the epidural injection for surgery. Dr. apparently grafted the peroneal nerve on 10/27/09. I did not see the operative report. Dr. performed electrodiagnostic studies on 8/3/09 and found evidence of mild ulnar compression at the left Guyon's canal and the damage to the right peroneal (fibula) and tibial nerves. There has not been any functional improvement since the grafting. Dr. apparently wants the studies repeated to assess the prognosis for further recover. An FCE on 8/30/10 showed no significant deficit in the predicted pinch and grasp strength in the left compare to the right hand.

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

The ODG discussed electrodiagnostic studies in several sections. They follow below. The lack of functional or clinical improvement after the grafting in the right lower extremity is a concern. However, the IRO reviewer is not sure what repeat studies will document. There will not be a return to normal. There may be some motor unit recovery, which would be a "good sign" but is unlikely to indicate more recover at more than a year post surgery. The current left upper extremity symptoms are compatible with the previously confirmed diagnosis of sensory compression of the ulnar nerve at Guyon's canal. There was nothing suggested in Dr. request to suggest a change in the symptoms to warrant a change in the treatment protocol. Therefore, the IRO reviewer does not find justification to repeat these studies at this time based upon a careful review of all medicals and the guidelines.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)