

SENT VIA EMAIL OR FAX ON
Jul/11/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV of Bilateral Lower Extremities

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

EMG/NCV of Right Lower Extremity is medically necessary.

EMG/NCV of Left Lower Extremity is NOT medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Utilization review determination 06/08/11 regarding non-certification EMG/NCV bilateral lower extremities
2. Utilization review determination regarding non-certification appeal EMG/NCV bilateral lower extremities 06/15/11
3. Progress notes Dr.
4. Office notes Dr.
5. Benefit review conference decision and order
6. Office notes Dr.
7. Designated doctor evaluation Dr.
8. Operative report open reduction internal fixation of right trimalleolar ankle fracture 05/24/10

9. Electromyography 09/01/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was working for xx. He was attempting to prevent a battery from falling off the counter when he tripped on a computer cable and fell twisting his right ankle. The injured employee is status post open reduction internal fixation of right trimalleolar ankle fracture performed on xx/xx/xx. Electrodiagnostic testing was performed on 09/10/10 and revealed findings indicative of moderate to severe proximal right lumbosacral plexopathy.

A request for EMG/NCV of the bilateral lower extremities was reviewed on 06/08/11 and determined to be non-certified as medically necessary. Per medical records dated 06/01/11 the injured worker reports that overall pain in proximal right lower extremity- right buttocks, hamstring and quadriceps has improved significantly as has strength in the proximal right lower extremity. He reports significant weakness on right foot dorsiflexion with some plantar flexion weakness in the toes. There is dorsi and plantar flexion weakness and significant weakness with eversion that is less with inversion. On examination there was 5/5 strength bilaterally in the lower extremities with evidence of significant atrophy in the right lower extremity distally. Sensation was decreased in the right superficial peroneal and sural distribution. He was unable to toe walk secondary to pain and weakness in the right lower extremity. It was noted that the injured employee sustained a fracture to the right ankle requiring ORIF. He was most recently seen on 06/01/11 and reported overall pain in the proximal right lower extremity improved significantly as has strength in the right lower extremity. He still experiences significant weakness with right foot dorsiflexion and plantar flexion. It was noted that no previous diagnostic/imaging studies including plain radiographs, MRI scans or electrodiagnostic studies were submitted for review. The injured employee was noted to have made significant improvement in response to therapy. Given the current clinical data, medical necessity was not established for repeat electrodiagnostic testing. An appeal request for EMG/NCV of bilateral lower extremities was reviewed on 06/15/11 and again non-certified as medically necessary. The reviewer noted the injured employee sustained a right ankle fracture treated with open reduction and internal fixation utilizing a regional block. The injured employee continues with ongoing pain, weakness, and numbness of the right leg following this procedure. There has been concern for these symptoms being related to the regional block. It was noted there was no signs or symptoms related to left leg documented in the records provided. The requested EMG/NCV studies of bilateral lower extremities were not medically necessary as there is no rationale provided for studying the unaffected extremity.

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

Based on the clinical information provided, medical necessity is not established for the proposed EMG/NCV of bilateral lower extremities. The injured employee sustained a right ankle fracture on xx/xx/xx, and underwent open reduction and internal fixation of a right trimalleolar fracture on xx/xx/xx. He has continued to complain of right lower extremity pain and weakness following surgical intervention. Electrodiagnostic testing performed on 09/01/10 reported findings indicative of moderate to severe proximal right lumbosacral plexopathy. The patient is noted to have improvement in pain and strength. The proposed study was recommended to assess progress/improvement. It appears that it would be appropriate to perform a repeat study of the right lower extremity; however, there is no need to test the contralateral (left) side.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES