



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/27/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of an electromyography / nerve conduction velocity of the bilateral upper extremities.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an electromyography / nerve conduction velocity of the bilateral upper extremities.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Provider and MD

These records consist of the following (duplicate records are only listed from one source):  
Records reviewed from Provider: MMI report – 1/4/11; Denial Letters – 3/7/11& 4/11/11; Denial Letters – 3/7/11 & 4/11/11; MRI report – 2/1/11; SOAP Note – 1/20/11-2/17/11; ODG Shoulder Chapter.

Records reviewed from MD: SOAP Note – 5/18/10.

A copy of the ODG was provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, this worker was injured on xx/xx/xxxx while working. He was changing tires on a “cherry picker” when he had to push a tire which was rolling toward him away. He fell injuring his right knee, right elbow, and right shoulder. There is also mention of a “cervical spine strain” later in the medical record.

The worker underwent knee surgery in December, 2009. He received physical therapy from March 10, 2010 through May 25, 2010. The type of therapy is not described in the medical record.

On January 4, 2011, the worker was evaluated by M.D. Dr. gave the opinion that the injured worker was at maximum medical improvement for problems related to his knee, but that he needed arthroscopic surgery and repair of his rotator cuff. Dr. noted the injury. He noted that the worker had received therapy, but the therapy did not resolve the problem. Dr. described elbow flexion of 130°, limited range of motion of the right shoulder, and positive crepitus and impingement signs at the right shoulder.

A Utilization Review letter dated March 7, 2011 indicated that a report had been generated on January 20, 2011, but this was not presented for review. In that report, the injured worker was complaining of 7 out of 10 pain in the right elbow and shoulder with limited range of motion of the shoulder. MRI studies of the right elbow had shown a mild strain of the triceps tendon insertion with moderate inflammation and edema extending into the cubital tunnel and moderate edema and thickening of the ulnar nerve. Intermittent neck pain radiating to the shoulder and down the arm to the biceps and elbow region was described. This was said to be aggravated by movement. Numbness and tingling were noted in the right hand. Generalized weakness was described in the right upper extremity at 4/5.

A Utilization Review letter dated April 11, 2011 reports that the worker had had a medical report generated on February 17, 2011. At that time, he was said to be complaining of more pain at night in the right shoulder and that his right elbow “locked up.” Pain was described as intermittent and radiating from the neck down to the biceps and elbow region. Numbness and tingling were described in the right hand. Grade IV muscle strength in the right upper extremity was noted. Medications at that time included Ultram and Neurontin.

At some point, electrodiagnostic studies of both upper extremities were requested.

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

Limited medical records are available for review in this case. According to available medical records, this worker injured his cervical spine, right shoulder, right elbow, and right knee in a work related accident on xx/xx/xxxx. Complaints of nocturnal shoulder pain and “locking” sensations in the right elbow were described. Complaints of pain in the neck and shoulder area radiating down to the biceps and elbow region were also described. There was said to be “numbness” in the right hand and right upper extremity strength was described as 4/5. There is also a mention of hypoactive reflexes in all extremities. There was no documentation of Spurling's testing or Tinel sign on physical examination. The description of sensory loss was incomplete and did not describe the pattern or location of sensory loss other than to say it was in the hand. There is no indication of myotomal or peripheral nerve muscular weakness or atrophy. There is also no documentation of pathologic reflexes.

According to ODG treatment guidelines, EMG and nerve conduction studies are helpful in the diagnosis of thoracic outlet syndrome and peripheral nerve injury, but only moderately sensitive in the diagnosis of cervical radiculopathy. In this injured worker, there is no clear indication of the need for bilateral upper extremity EMG and nerve conduction studies. MRI findings were suggestive of ulnar nerve pathology at the elbow and this could suggest the need for right upper

extremity ulnar nerve conduction studies, but does not suggest the need for bilateral studies in order to evaluate the presence or absence of ulnar nerve pathology. The medical record indicates mention of neck and shoulder pain radiating to the biceps and elbow region, nondermatomal and nonperipheral nerve sensory loss, generalized, but not isolated weakness and no pathological reflexes. Therefore, there is no objective sign of radiculopathy which would require confirmation by electromyography.

This individual has known shoulder and elbow pathology, but there is no clinical information about why electrodiagnostic studies would be helpful. Furthermore, there is no information in the medical record which would explain why bilateral rather than unilateral studies would be medically necessary. Therefore, medical necessity criteria for EMG and nerve conduction studies of bilateral upper extremities are not met.

**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)