



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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## Notice of Independent Review Decision

**DATE OF REVIEW: 10/25/2011**

**IRO CASE #:**

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

OUTPATIENT EMG/NCV OF BILATERAL UPPER EXTREMITIES (BUE)

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

M.D. Board Certified in Neurology / Neuromuscular Medicine and Clinical Neurophysiology

**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)



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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	10/05/2011
Notice of Utilization Review Determinations	9/02/2011- 10/03/2011
Texas Workers Compensation Commission Employer's First Report of Injury Report of Medical Evaluation	
Physical Medicine Consultants Designated Doctor Examination	1/21/2000
M.D. Progress Note	11/15/2011
Diagnostics Pre-Certification Requests	8/29/2011- 9/23/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who sustained injury to the left knee in xxxx while driving a forklift when the edges of the lift were caught under the dock. No injuries to the neck or upper extremities were recorded. He had a left knee arthroscopy in 1/1998.

His recent office visit in August 2011 mentions pain in neck and arms. No exam findings are recorded. Therefore there is no clinical evidence suggesting radiculopathy.

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

The medical records of the above named patient were reviewed to determine the appropriateness of Bilateral Upper Extremities EMG/NCS request.

The patient suffered injury to the left knee in xxxx. No injuries to neck or upper extremities were recorded. His recent office visit in August 2011 mentions pain in neck and arms. No exam findings are recorded. Therefore there is no clinical evidence suggesting radiculopathy.

Official Disability Guidelines for EMG/NCS require findings on examination suggestive of radiculopathy.

The patient has no findings on exam suggestive of radiculopathy. He does not meet the minimum standard for further evaluation with EMG/NCS.



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**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: