

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: October/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left upper extremity (LUF) electromyogram (EMG) and nerve conduction velocity (NCV) testing

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

M.D., Board Certified General Surgery
Fellowship trained Orthopedic Hand and Upper

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

ODG Guidelines
Request for IRO 09/09/11
Request for IRO 08/30/11
Utilization review determination 08/04/11
Utilization review determination 08/24/11
Clinical records Dr. 07/07/10 through 07/11/11
Operative report left shoulder 03/15/11
MRI left shoulder 01/04/11
Clinical note Dr. 10/25/10
Operative report left carpal tunnel release 10/19/10
EMG/NCV left upper extremity 08/30/10
MRI left shoulder 07/19/10
Letter of appeal 08/17/11
Physical therapy treatment records
Designated doctor evaluation 12/21/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx. On the date of injury she was employed. She was injured when she tried to restrain two youths that were fighting. She sustained injuries to her left shoulder, left arm, left hand, and fingers. Records indicate that the claimant was evaluated by Dr. on 07/07/10. She presented with tenderness over her clavicle and left upper extremity complaints. On physical examination she is 5'3" and weighs 176 pounds. She has weakness through active range of motion of the left upper extremity. She has pain with passive range of motion. She has tenderness to palpation over the clavicle. Radiographs of the clavicle are within normal limits. She was diagnosed with left shoulder contusion possible rotator cuff injury. She was referred for MRI which indicated tendinosis in the supraspinatus tendon for which she received a

corticosteroid injection. Despite this she continued to have significant complaints of pain. She was referred for EMG/NCV study on 08/30/10. This study notes moderately severe focal entrapment neuropathy of the left median nerve at the wrist. There is no electrodiagnostic evidence of a left cervical radiculopathy. The claimant subsequently was recommended to undergo left carpal tunnel release which was performed on 10/19/10. Records indicate that she continued to receive conservative treatment with some improvement in her shoulder. She was reported to have increasing pain and was again referred for MRI of left shoulder on 01/04/11.

This study reported a stable supraspinatus tendinosis, rotator cuff impingement, long head of biceps tendinosis. She is again recommended to have continued conservative treatment. After failing conservative treatment, she was taken to surgery on 03/15/11 in which she underwent left shoulder arthroscopy with subacromial decompression, distal clavicle resection. Postoperatively she is noted to have progressed slowly with physical therapy. She has some soreness over the distal clavicle. She received a corticosteroid injection at this visit. This is reported to have helped for 3-4 days. On 06/09/11 the claimant is reported to have 160 degrees forward flexion, abduction to 170, internal / external rotation was mildly limited. She was continued in physical therapy.

On 07/11/11 Dr. reported the claimant had been on light duty. She has been medically separated from her job. She is reported to have some radicular type symptoms in her left upper extremity. She has full range of motion both passive and active. There is some reported weakness. It was recommended that she undergo EMG/NCV.

The initial request was reviewed by Dr. He notes there are subjective symptoms without documented objective or equivocal neurologic signs, and as such, the performance of EMG/NCV study would not be medically necessary. The appeal request was reviewed by Dr. Robert Ippolito. Dr. I notes again the lack of objective findings and references Dr. report of decreased sensation to light touch and pain over C5-T1 distributions.

The records contain a letter of appeal from Dr. dated 08/17/11 which notes that this patient reports severe pain with shocking radicular type pain throughout the left arm that is not associated with activity. Her pain is only partially relieved with pain medication. Repeat physical examination is noted to show objective neurologic signs that she has decreased sensation to light touch and pain over C5-T1 dermatomal distributions and that her range of motion is now limited to 90 degrees of forward flexion, 60 degrees of horizontal abduction, and 20 degrees of internal rotation.

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

This claimant has a history of injury to left upper extremity as result of breaking up a fight. She received conservative treatment with continued elevated levels of pain. She underwent EMG/NCV of left upper extremity, which showed only evidence of moderate to severe compressive neuropathy at the wrist resulting in a carpal tunnel syndrome. She underwent carpal tunnel release with improvement. She then had complaints of left shoulder pain. She received conservative treatment and failed to improve. She has undergone two MRIs, which showed no significant pathology. Despite the lack of pathology, she was deemed a failure of conservative treatment and was ultimately taken to surgery. Postoperatively the claimant was noted to have made slow recovery; however, there are no significant reports of radicular symptoms or neuropathic pain until July 2011. At this time these are subjective complaints and not quantified by any formal data on physical examination. Noting the claimant has previous EMG/NCV study that was negative for left upper extremity, noting lack of objective findings on physical examination, this request for Outpatient left upper extremity (LUF) electromyogram (EMG) and nerve conduction velocity (NCV) testing is not found to be medically necessary. In subsequent letter of appeal Dr. I reported the claimant has global sensory loss in left upper extremity. However, this finding is not consistent with previous reported data, and given the diffuse nature, these findings appear to be more subjective and not substantiated by detailed neurologic examination.

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)