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Notice of Independent Review Decision

DATE OF REVIEW: 2-6-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of repeat EMG / NCV R UE.

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 and Electrodiagnostics.

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 repeat EMG / NCV R UE.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Ins., Direct, and MD.

These records consist of the following:

- MDR paperwork including denials dated December 13, 2011 and January 17, 2012
- Designated Doctor Evaluation from M.D. dated July 8, 2011
- Notes from M.D. dated November 14, 2011
- EMG and Nerve Conduction Study report from M.D. dated October 25, 2010

- Letters of Denial from M.D. dated December 13, 2011 and January 17, 2012 from M.D.
- Letter from the injured worker dated January 9, 2012
- Telephone encounter January 12, 2012, December 13, 2011
- Letter from the injured worker dated January 9, 2012
- A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this worker was injured on xx/xx/xx while working as an xx. He touched a live 480 volt line and received an electrical injury. There was no loss of consciousness, but according to the records, he “seized” until the power was turned off, apparently about ten seconds. He had pain in his right thumb and index fingers which were described as being “burned.” He also had evidence of a shoulder dislocation and fracture of the humerus. There were no cardiovascular effects of the injury described.

The injured worker saw several physicians and the possibility of rotator cuff tear and axillary nerve injury was discussed. The axillary nerve dysfunction apparently resolved spontaneously. Electrodiagnostic studies performed on October 25, 2010 showed evidence of a significant right carpal tunnel syndrome, but no axillary nerve lesion and no evidence of radiculopathy, brachial plexopathy, or any other peripheral nerve lesion.

On December 13, 2010, the injured worker underwent a right shoulder arthroscopy with debridement of the glenohumeral joint, acromioplasty, and subacromial decompression. His rotator cuff was repaired on February 23, 2011. He underwent physical therapy and had a Designated Doctor Evaluation on July 8, 2011. At that time, he was declared at maximum medical improvement with ten percent whole person impairment.

On November 14, 2011, the injured worker was re-evaluated by the neurologist who performed the EMG on October 25, 2010, M.D. Dr. reported that the injured worker was complaining of shooting pains in the dorsum of the right hand. This occurred with gripping and certain other movements. It had been present for about three months. There was mild swelling in the right hand which had been present since the time of the injury. He described “vague numbness” that was improved following a carpal tunnel release. There was some aching in the right shoulder. Deep tendon reflexes were said to be 1+. Muscle tone and bulk were normal. There was no evidence of atrophic skin and no mechanical allodynia with manipulation of the wrist or hand. Sensation to all modalities was intact. The only described weakness was in the flexor carpi radialis which was described as 5-/5. Dr.’ impression was the injured worker had a “causalgia.” She described evidence of wrist pain without obvious mononeuropathy or brachial plexus injury. She stated that the pain was largely mechanical at the wrist. She stated that “for completeness” it would be “helpful to have a follow-up EMG.” Dr. said there was no evidence of complex regional pain syndrome and discussed possible treatment with occupational therapy and Neurontin.

A request for repeat electrodiagnostic studies was submitted and denied on December 13, 2011 by, M.D. and again on January 17, 2012 by, M.D.

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

Recommend denial of the requested service. According to the medical records, this injured worker is diabetic and hypertensive. He sustained an electrical injury to his right upper extremity in a work related accident on xx/xx/xx. Identified problems included right shoulder injuries and injuries to the first two digits of the right hand. A carpal tunnel syndrome was also identified. Surgery was provided for the identified injuries and the injured worker received physical therapy following his shoulder surgery.

Fifteen months after his injury, the worker sought another neurological evaluation from the physician who had originally performed his EMG and Nerve Conduction Study. The electrodiagnostic studies were entirely normal except for EMG and nerve conduction study findings consistent with a carpal tunnel syndrome. According to Dr. notes, the injured worker had a carpal tunnel release. Current symptoms are of pain in the wrist and dorsal hand. Apparently, the injured worker also has "vague numbness" which improved following his surgery and excessive sweating of the axillary region on the right side. There are no complaints compatible with a cervical radiculopathy or brachial plexus injury. Physical findings show no neurologic deficits including reflex loss, change in muscle bulk or strength, or sensory loss. As Dr. points out, the description of symptoms currently fits best as a mechanical problem involving the wrist. Since there are no new neurologic deficits described, there is no evidence of myopathy, cervical radiculopathy, brachial plexus lesion, or peripheral nerve lesion, and no changes which would fit in the neurologic realm, there is no medical necessity for electrodiagnostic studies.

ODG Treatment Guidelines recommend electrodiagnostic studies to localize the source of neurologic symptoms and establish a diagnosis of focal nerve entrapment, but there is nothing in this medical record that would suggest that there is a neurologic deficit which would require electrodiagnostic studies.

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)