



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

June 1, 2012

DATE OF REVIEW: 6/1/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat NCS bilateral upper extremities

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

Texas State Licensed Doctor of Chiropractic

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to xxxxxx 5/17/2012,
2. Notice of assignment to URA 5/16/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 5/17/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 5/17/2012
6. Insurance letter 3/14/2012, medical information 3/10/2012, insurance letter 3/8/2012, medical information 3/4/2012, 2/20/2012, 2/1/2012, 1/30/2012, diagnostic information 7/14/2011.

PATIENT CLINICAL HISTORY:

The patient is a male. The date of occupational injury was reported as xx/xx/xx. Prior EMG/NCV was consistent with muscle tissue instability, proximal compromise, and C6 – C7 radiculopathy.

Subsequent report from his physician was dated 01/30/2012. The report states that the patient underwent left shoulder surgery on 05/11/2011. The patient underwent postsurgical physical therapy with a recommendation for EMGs of the bilateral upper extremities. Prior EMG was referenced suggestive of C6 – C7 radiculopathy. The report references a second incident involving a motor vehicular accident on 09/23/2011 requiring surgery to the left-hand and shoulder. Treatment recommendations include



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reconsideration of MUA for left shoulder, repeat electrodiagnostics, follow-up consultation, medication, and continued disability.

EMG report from the physician dated 02/20/2012 revealed findings consistent with left C7 radiculopathy and left C8 – T1 levels and/or brachial plexopathy. The provider opined that upper extremity NCS was required to further delineate neuropathology, assess extent/severity of lesion, and isolate lesion location with respect to the dorsal root ganglion. There was, however, no discussion regarding how the aforementioned clinical data will affect treatment and outcomes.

Preauthorization request from the physician for service date 03/04/2012 was for repeat bilateral upper extremity NCS including CPT 95903, motor NCV with F – wave, and 95904, sensory NCV. The report references prior life or diagnostic studies that identified left side C6 – C7 radiculopathy. The rationale for the request is to assess whether neuropathy is proximal to the shoulder and/or the presence of brachial neuropathy. The report states that there was no prior performance of medial and lateral antebrachial cutaneous nerves.

The report states that denial was based on no documentation of how repeating the electrodiagnostic services would affect future medical care. The rationale further states that electrodiagnostic outcomes will not affect future medical care as the mechanism of injury was electrocution and treatment will not require surgery. The physician opines that repeat NCS is to delineate neuropathology based on the patient's current presentation as a direct result of the compensable injuries. He, further, opines that an appropriate diagnosis has to be established in order to properly determine exactly what the proper course of treatment should be. The physician stated that the injury included dislocation and fracture to the left shoulder. There was, however, no discussion of potential treatment options or how repeat studies will specifically affect treatment course and clinical outcomes.

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

The current request for repeat nerve conduction studies of the bilateral upper extremities is not supported by the submitted documentation and evidence – based guidelines. Prior EMG/NCV was performed on 07/04/2011. A follow-up EMG was performed on 02/20/2012. The submitted documentation fails to establish the presence of significant clinical – neurological deterioration since the prior diagnostic studies. There is, also, no evidence that the patient is currently a surgical candidate. There was, also, no documentation or discussion of specifically how the electro diagnostic information on repeat NCS will affect patient care and clinical outcomes. As such, the current request is not supported by evidence – based guidelines, ODG. Based on review of all available clinical information the request for repeat NCS is not established as medically necessary and/or reasonable; therefore, the insurer's denial is upheld.

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



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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)