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NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Sep/26/2012

DATE NOTICE SENT TO ALL PARTIES:
Sep/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral Upper Extremity NCS

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
PM&R and Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Impairment evaluation
Independent medical evaluation 04/06/12
Orthopedic report
Medical report
Clinical report
Electrodiagnostic evaluation 06/18/12
Reconsideration requests 07/31/12 and 09/06/12
Prior reviews 07/05/12 and 08/06/12
MRI cervical spine 04/24/12 04/24/10
Electrodiagnostic studies 06/29/10
Cover sheet working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured while pulling a patient. Initial work up of the patient included MRI studies of the right shoulder revealing partial thickness tearing of the anterior aspect of the supraspinatus tendon. Electrodiagnostic studies in June of 2010 were unremarkable. Other treatment recommendations have included cervical epidural steroid injections and the patient is status post right shoulder surgery. Independent medical evaluation dated 04/06/12 reported loss of range of motion of the cervical spine with pain reported. And there was tenderness in the midline of the cervical spine in the left paracervical musculature. No atrophy was apparent in the upper extremities. Reflexes were intact and there was some breakaway weakness noted in the myotomes of the left upper extremity. No physiological sensory deficits were noted. Dr. did not recommend further treatment for the patient. Clinical evaluation dated 05/07/12 reported positive axial compression tests and Spurling's signs on physical examination. The patient also had weakness in the left upper extremity as compared to the right mostly at the wrist flexors extensors and with grip strength. Mild paresthesia in the left hand was present. An electrodiagnostic study evaluation dated 06/18/12 reported tenderness to palpation throughout the cervical musculature with loss of range of motion. Reflexes were intact and maximum cervical compression test was positive to the left reproducing cervical complaints and left upper extremity involvement. Tinel's sign was absent. There was inhibition of the left shoulder musculature with pain as a complicating factor. There was hypesthesia along the left C5 and C6 dermatomes. The request for bilateral upper extremity NCS studies was denied by utilization review on 07/05/12 as there were no recommendations for nerve conduction velocity studies and there was no compelling rationale for repeat nerve conduction velocity studies. The request was again denied by utilization review on 08/06/12 as there was documentation of radicular symptoms and multiple electrodiagnostic assessments have been accomplished to date.

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

The request for repeat bilateral upper extremity nerve conduction studies is not recommended as medically necessary at this point in time. Based on the clinical documentation provided for review the patient has been continually followed for complaints of neck pain radiating to the upper extremities primarily radiating primarily to the left upper extremities. The patient is noted to have had a prior left shoulder surgical intervention and the most recent evaluation from June of 2012 identified hypesthesia in the left C5 and left C6 dermatomes as well as positive cervical compression testing. There was no evidence of positive Tinel's or Phalen's signs which would require nerve conduction velocity studies to rule out possible carpal tunnel syndrome or ulnar nerve neuropathy. The hypesthesia noted on exam is consistent with prior MRI studies and it is unclear from this clinical documentation how additional electrodiagnostic studies would reasonably provide additional information that would guide the patient's course of treatment. Additionally there is a significant difference in physical examination findings from the April 2012 independent medical evaluation which found no evidence of neurological deficits and the June 2012 evaluation. No further clinical documentation was provided for review demonstrating severe progressive neurological deficits and no updated imaging studies were provided for review. As the clinical documentation provided for review does not meet guideline recommendations for repeat electrodiagnostic studies, medical necessity would not be established and the prior denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES