



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 10/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

EMG/NCV testing.

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

Texas State Licensed MD Board Certified Orthopedic Surgeon.

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 10/9/2013
2. Notice of assignment to URA 10/7/2013
3. Confirmation of Receipt of a Request for a Review by an IRO 10/9/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 10/8/2013

Authorization request from physician, letter to IRO from insurance plan 10/9/2013, letter sent on patient's behalf from physician 10/4/2013, letter to physician from utilization management 9/26/2013, appeal 9/26/2013, letter to physician from utilization management 9/25/2013, response from physician on denial letter 9/24/2013, workers compensation work status report 9/18/2013, encounter sheet 9/18/2013, history and physical report #4 9/18/2013, letter to physician from utilization management 9/13/2013, pre-authorization 9/13/2013, history of present illness 8/29/2013, workers compensation work status report 8/29/2013, history and physical report #3 8/29/2013, letter 8/28/2013, workers compensation work status report 8/12/2013, history of present illness 8/12/2013, history and physical report #2 8/12/2013, history and physical report #1 8/21/2013.

PATIENT CLINICAL HISTORY:



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The patient is a female who was involved in a motor vehicle accident on xx/xx/xx. Reportedly the vehicle that she was in was struck from the side. The attending physician's patient was most recently documented in a letter from the provider to have been injured in a high-impact motor vehicle accident.

It was noted that she has had reported symptoms of "cervical radiculitis in her left arm following her accident and does have pathology noted on her cervical spine MRI. She also reports now increasing pain in her left shoulder ... Due to the high impact injury she sustained, an MRI of her left shoulder is necessary to evaluate for pathology even if she has not failed conservative management. She continues to have significant pain and disability following her injuries ..." The records further reveal that the patient has been noted to have an intact neurological evaluation. The prior letter dated 09/24/2013, revealed similar findings regarding the request for the electrical studies. It was noted that, "The requested EMG with NCV is to further discern if her cervical spine changes noted on MRI correlate with nerve pathology in her left arm to determine if intervention will be necessary for her cervical spine." The findings were noted to allow for full duty on 09/18/2013 per that provider. The documentation from 09/24/2013 revealed that the right shoulder had passive forward flexion of 100 degrees along with abduction of 100 degrees. The left upper extremity showed "some radicular symptoms in the left forearm that goes down to the ring finger ..." A left shoulder MRI was felt indicated. An EMG was felt indicated "I do believe she has some type of cervical radicular symptoms that is causing shoulder discomfort with radicular symptoms left arm at this point ..." The records further reveal an 08/28/2013 date of cervical MRI report revealing "no acute findings ... no severe stenosis ... no definite neural impingement ... moderate canal stenosis ..."

The patient was noted to have been the driver of the motor vehicle that was struck on the side by a vehicle which reportedly had run a traffic light. The 08/29/2013 date of evaluation did not reveal any abnormal neurologic exam findings. There was some "radicular symptoms," however.

The radicular symptoms were also noted in prior records. The patient was noted on 08/12/2013 to have some weakness with motion of the right shoulder. The neurologic exam was not documented.

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

The patient has been documented to have radiculitis symptomatology. The patient has not been documented to have any abnormal sensory, motor or reflex abnormalities. The cervical MRI report has not been documented to reveal acute changes. The patient has not been documented to have had a recent trial and failure of comprehensive treatments such as a combination of therapy and/or medications and/or injections along with restricted activities. Therefore, at this time, without a documentation of objective neurologic abnormalities (or normalities for that



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matter) and without any recent non-operative comprehensive treatment, clinical guidelines for electrical studies have not been met as per the ODG criteria referenced below.

The denial of these services is upheld.

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)