



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW:** 3/05/2013

**IRO CASE #**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

In office bilateral upper extremity electromyogram and nerve conduction study at Southwest Orthopaedic Group as requested by Dr..

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

M.D. Board Certified in Neurology and Psychiatry.

**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**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment Designated Doctor Examination Note	7/30/2013 11/27/2012
Texas Association of School Boards Utilization management Decisions Prospective Review Response Pre-Authorization	1/22/2013-1/28/2013 2/18/2013 1/15/2013-1/22/2013
Southwest Orthopaedic Group. Pre-Authorization Forms Office Visit Note New Patient/Follow Up patient Visits	1/15/2013-2/12/2013 10/09/2012 10/22/2012-12/21/2012
Sports & Spine Physical Therapy Discharge Note	10/14/2012
Physicians' Contract Services Dr. Note	12/13/2012



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**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This patient sustained injuries from a fall on xxxxxxx and had pain, numbness and weakness of right hand. An EMG/NCS was done on 10/09/2012 and showed denervation in right ulnar nerve innervated muscles without any significant right to left ulnar nerve amplitude difference in motor and sensory responses. A presumptive diagnosis of right ulnar neuropathy was made and right ulnar nerve transposition surgery was carried out. However, the patient returned for follow up and reported persistence of her right hand/arm symptoms. A request for a repeat EMG/NCS was made to see if the study would show evidence of post-operative improvement.

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

Per ODG references, the requested bilateral upper extremity EMG and NCS are not medically necessary. It was noted that the patient in this case underwent electrodiagnostic testing three months after undergoing ulnar nerve transposition and no significant entrapment of the ulnar nerve was demonstrated. The patient had equivocal evidence of right ulnar neuropathy. Repeat EMG/NCS is not needed to monitor post-operative improvement/deterioration.

It is, therefore, determined that EMG/NCS request is denied for this patient based on the current peer reviewed, evidence-based guidelines.

**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 KNOWLEDGE BASE
- 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