

Notice of Independent Review Decision

**DATE OF REVIEW: 06/03/2014**

**IRO CASE #:**

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

EMG/NCV of the upper extremities #99203, #95885, #95886, #95907, #95908, #95909, #95910, #95911, #95912, #95913

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

The TMF physician reviewer is board certified in physical medicine and rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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.

It is determined that the EMG/NCV of the upper extremities #99203, #95885, #95886, #95907, #95908, #95909, #95910, #95911, #95912, #95913 are not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work-related injury on xx/xx/xx when she complained of pain and numbness to the right hand after repetitively flexing her right hand and wrist. The treating physician has described her symptoms in the median nerve distribution with a diagnosis of carpal tunnel syndrome (CTS). There was some improvement with therapies and medications, but then the pain recurred and also extended to the dorsal metacarpals. The pain drawing of 02/25/14 showed complete forearm involvement. The code 99203 is for a new office visit and presumably this would be for an assessment by the electromyographer. There are some who consider this code built into the procedure codes. The 95885 and 95886 codes are similar and are based upon the EMG studies that are done. The differences are largely single muscle vs. multiple muscles examined in an extremity. The codes 95907-95913 extend to the number of nerve studies performed. The 95913 goes to 13 nerves.

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

The ODG does not support the role of the needle EMG for uncomplicated CTS assessments. In addition, the ODG allows only for the study of a specific number of nerves. Therefore, since the ODG allows only for up to 4 nerve conduction studies (95908) and no electromyography studies, it is determined that the requested studies as requested would not be indicated to treat this patient's condition.

### **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
- AHCP- 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)**