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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/05/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EMG/NCS of the bilateral upper extremities

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

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to bilateral upper extremities. Clinical note dated xxxxx indicated the patient undergoing deQuervain release at the first extensor compartment. The patient stated that she received some benefit. The patient underwent EMG which revealed mild carpal tunnel syndrome. The patient was undergoing conservative treatment. The patient had a thickening of the fat pad over the left elbow. The patient had healed surgical incision at the first extensor compartment. The patient demonstrated good flexion extension at thumb and fingers. Clinical note dated 04/02/14 indicated the patient continuing with findings consistent with bilateral deQuervain. The patient also complained of carpal tunnel syndrome. The patient stated that utilizing a keyboard and lifting objects exacerbated her pain. The patient complained of pain in the elbow. The patient complained of vague numbness throughout the left hand. The patient utilized tramadol and Ketoprofen powder for ongoing pain relief. Clinical note dated 02/25/14 indicated the patient continuing with upper extremities pain. The patient presented with multiple bumps on the left arm and vague numbness in the left hand. The patient was recommended for electrodiagnostic studies. Utilization review dated 02/21/14 resulted in denial for EMG/NCV as the previous EMG revealed mild seedy carpal tunnel syndrome with no significant progression of symptoms. Utilization review dated 03/06/14 resulted in denial as no severe or progressive neurological findings were documented.

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

Clinical documentation indicates the patient complaining of left upper extremity pain with associated tingling. The previous EMG revealed findings of carpal tunnel syndrome on the left. EMG/NCV is indicated in the upper extremities provided that the patient meets specific criteria, including progression of symptoms in comparison to previous studies. No information was submitted confirming progression of any symptoms. No information was submitted regarding severe levels of finding confirming additional need for additional electrodiagnostic studies. Therefore, the request is not indicated. As such, it is the opinion of this reviewer that the request for EMG/NCV of the bilateral upper extremities is not recommended as medically necessary.

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

ACOEM-AMERICA 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)