

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/28/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** EMG/NCV of Bilateral Upper Extremities

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

**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.** It is the opinion of this reviewer that the request for the EMG/NCV of the bilateral upper extremities is not recommended as medically necessary; however, the request for an NCV study of the bilateral upper extremities only is recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to both upper extremities. The clinical note dated 12/18/13 indicates the patient complaining of left sided numbness and tingling as well as swelling and stiffness. The note indicates the patient having undergone therapy where symptoms were slightly improved. The patient also reported left sided elbow pain at the lateral region in June of 2013 and was subsequently diagnosed with lateral epicondylitis. The patient continued with complaints of numbness and tingling at the left hand. Therapy did provide some relief and the patient was able to return to work on 11/07/13. The patient then reported right wrist swelling with severe pain. Pain was continued at the right wrist. The patient subsequently reported bilateral numbness and tingling at the thumb, index, and middle fingers of both hands. The patient stated the symptoms are constant. The patient stated the symptoms are frequently worse at night. The numbness awakens the patient from his sleep frequently. The patient rated the pain as 4/10. The note indicates the patient having positive Phalen's and Tinel's signs. The patient also has a positive Finkelstein's. Tenderness was identified upon palpation at the 1st dorsal extensor compartment. The patient has been diagnosed by provocative findings with bilateral carpal tunnel syndrome. The patient was recommended for an EMG/NCV study of both upper extremities. The clinical note dated 01/06/14 indicates the patient continuing with bilateral upper extremity pain with numbness and tingling.

The utilization review dated 01/23/14 resulted in a denial as no information was submitted confirming the need for an EMG study of the upper extremities.

The utilization review dated 02/28/14 resulted in a denial as no information was submitted

confirming the need for the EMG.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation indicates the patient complaining of bilateral upper extremities numbness and tingling. Provocative findings revealed positive findings for Phalen's, Tinel's, and Finkelstein's. Given the positive findings confirming the patient's carpal tunnel involvement, an NCV is indicated for confirmation of the patient's diagnosis. However, no information was submitted confirming the need for the EMG. Therefore, the requested EMG/NCV of the bilateral upper extremities is non-certified. However, the medical need for an NCV study of the bilateral upper extremities is established. As such, it is the opinion of this reviewer that the request for the EMG/NCV of the bilateral upper extremities is not recommended as medically necessary; however, the request for an NCV study of the bilateral upper extremities is 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)