

# Applied Assessments LLC

An Independent Review Organization

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## Notice of Independent Review Decision

### Review Outcome:

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Neurological Surgery

### Description of the service or services in dispute:

NCS of Right Lower Extremity

**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)

### Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx when he stepped into a hole. The patient's right knee gave way causing a tear of the meniscus and anterior cruciate ligament. The patient is noted to have undergone a prior ACL reconstruction in xxxx. The patient attended post-operative physical therapy. The patient had electrodiagnostic studies completed on xxxx which noted a slight decrease in amplitude from the popliteal fossa to the fibular head in the right leg. There was a neuro surgical evaluation dated xxxx which noted complaints of low back pain radiating to the right lower extremity to the toes. Patient also described numbness in the outer part of the right lower extremity. The patient's physical examination noted an absent right S1 reflex with decreased sensation the right lateral thigh calf and foot. The patient was described as having significant atrophy in the right leg musculature which was felt to be inconsistent with prior EMG findings. The recommendation was for repeat EMG/NCS for a second opinion. The requested nerve conduction study of the right lower extremity included multiple CPT codes including 95907, 95908, 95909, 95910, 95911, 95912, and 95913. These requests were denied by utilization review on xxxxx as clarification was requested regarding whether the patient needed a repeat EMG or nerve conduction study. There was no documented findings on the most recent examination suggestive of any other peripheral neuropathic changes to warrant a repeat study based on findings of the prior study from xxxx xxxx. The request was again denied on xxxx as it was still unclear whether the request was for a repeat EMG study versus a nerve conduction study. There was also a notation regarding the multiple codes submitted asking for between one and 11 nerve conduction studies.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been followed for ongoing complaints of pain in the right lower extremity as well as low back pain. The patient was described as having a substantial amount of atrophy present in the right lower extremity and repeat EMG studies were requested as it was felt the prior results were inconsistent with patient's presentation. In review of the clinical records there is no clear clarification regarding whether the patient was being requested to have repeat nerve conduction studies or repeat EMG studies. There was also concerns regarding the number of codes submitted for the request. Based on CPT guidelines the patient is being requested between one and 13 or more nerve conduction studies. There was no rationale for the request for so many nerve conduction studies. As the prior reviewer's concerns have not been addressed based on the clinical records provided for review, it is this reviewer's opinion that medical necessity has not

been established and prior denials remain upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)