

**Applied Assessments LLC**  
**An Independent Review Organization**

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**Notice of Independent Review Decision**

Case Number:

Date of Notice: 01/18/2016

**Review Outcome:**

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

Orthopedic Surgery

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

EMG/NCS Bilateral upper extremities

**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 reported injuries to both wrists. The clinical note dated XX/XX/XX indicates the patient having been diagnosed with extensor tenosynovitis of both wrists. The patient reported ongoing localized pain and weakness in both wrists. The patient also reported moderate levels of pain. The symptoms were identified within the median nerve distribution. There is an indication the patient had been utilizing bilateral wrist braces. The patient reported ongoing soreness and numbness in the fingers of the right hand. The note indicates the patient utilizing Ibuprofen for ongoing pain relief. Upon exam, the patient was able to demonstrate 5/5 strength throughout both upper extremities. No range of motion deficits were identified. The patient presented with negative Tinel's signs over the carpal tunnel of both wrists. No other indications of positive provocative signs were identified. The clinical note dated XX/XX/XX indicates the patient continuing with complaints of bilateral wrist pain. The patient was continuing with the use of bilateral wrist braces. No strength or sensation deficits were identified in either extremity. The patient has been recommended for electrodiagnostic studies of both upper extremities.

The utilization reviews dated XX/XX/XX and XX/XX/XX both resulted in denials as insufficient information was submitted regarding any neurologic involvement in either upper extremity.

**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 wrist pain. Electrodiagnostic studies are

indicated for patients with neurologic involvement identified upon clinical exam. The submitted documentation revealed the patient had negative Tinel's findings at both wrists. Additionally, no other provocative testing was provided within the clinical exams of the submitted documentation. Given the lack of information regarding the need for electrodiagnostic studies to determine the patient's future treatment plan, the request is not indicated 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 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)