

MDR Tracking Number: M5-02-3085-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The IRO determined the disputed motor and sensory nerve conduction studies (professional component) and H or F reflex study (professional component) performed on 9/20/01 **were not** medically necessary. The Medical Review Division has reviewed the IRO decision and determined that **the respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disputed services were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to date of service 9/20/01 in this dispute.

This Decision is hereby issued this 20th day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

November 7, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-3085-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to _____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 45 year old female sustained a work related injury on ___ when she was lifting a box of jeans and felt a sharp pain in her left shoulder. An MRI of the left shoulder revealed a rotator cuff tear that was surgically repaired on 11/01/00. The patient then went to a chiropractor for treatment on 01/25/01. The initial examination revealed no evidence of a motor, sensory or reflex loss in the upper extremity. The patient underwent a revision surgery on 04/05/01 for the left rotator cuff. The patient underwent motor and sensory nerve conduction studies of the upper extremities on 09/20/01.

Requested Service(s)

Motor and sensory nerve conduction studies (professional component) and H or F reflex study (professional component); performed on 09/20/01.

Decision

It is determined that the motor and sensory nerve conduction studies (professional component) and H or F reflex study (professional component) performed on 09/20/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The neurologist that interpreted the results of the motor and sensory nerve conduction studies indicated in his report dated 09/20/01 that a technician performed the tests on the patient and that the doctor does not see the patient, but only interprets the study. The report indicated that the findings of the studies might suggest mild left C8 radiculopathy, very mild right carpal tunnel syndrome, and mild right neuropathy at the elbow.

The examination and historical data prior to 09/20/01 revealed no evidence of a left upper extremity neurological deficit that would necessitate the use of motor and sensory nerve conduction studies for its assessment. The history indicated that this patient had a left-sided rotator cuff tear that was treated operatively on two occasions. Additionally, the

neurologist did not examine the patient prior to the administration of the testing. Therefore, the motor and sensory nerve conduction studies (professional component) and H or F reflex study (professional component); performed on 09/20/01 were not medically necessary to treat this patient's condition.

According to the position statement of the American Academy of Electrodiagnostic Medicine, the electrodiagnostic medicine (EDX) consultation is an extension of the neurologic portion of the physical examination and requires detailed knowledge of the patient and his or her disease. Unlike many laboratory tests, EDX testing is not conducted in a standard fashion, but must be specifically designed for each individual patient. In addition, it is often necessary to modify or add to the procedure during the examination depending on the findings as they unfold. Only in this way can appropriate data be collected and the proper conclusions drawn. Collection of the clinical and electrophysiologic data should be entirely under the supervision of the qualified physician EDX consultant. The consultant may collect all of the data directly from the patient or may delegate collection of some data to specifically trained non-physician or physician in a residency-training program or fellowship.

In the case of nerve conduction studies and somatosensory evoked potential (SEP) testing, the physician need not be present in the room when the procedure is performed but should be immediately available. Once the physician has determined the preliminary differential diagnosis on the basis of the patient's history and examination, a technologist may perform nerve conduction studies and SEP results. "Technologists Conducting Nerve Conduction Studies and Somatosensory Evoked Potential Studies Independently to be Reviewed by a Physician at a Later Time" – Position Statement, Muscle Nerve, 22:S8: 266, 1999.

Sincerely,