

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>07/13/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1473-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### **REQUESTED SERVICES:**

Please review the item(s) in dispute: Pre-authorization denied 95861; repeat upper extremity electromyogram (EMG)/nerve conduction velocity studies (NCV).

### **DECISION: Upheld**

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 07/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The documentation does not establish the medical necessity for repeat upper extremity EMG or nerve conduction velocity studies.

### **CLINICAL HISTORY:**

Records indicate that the above captioned individual, a 51-year old female, incurred injuries during the course of her employment. The history reveals that she reported a repetitive type injury to the bilateral upper extremities, which was reported to have occurred on \_\_\_\_\_. She initially sought allopathic care and was given injections into both wrists and physical therapy was prescribed. She presented to the office of the current chiropractic provider on 12/20/1999 complaining of pain in the bilateral wrists, hands and forearms. She also reported numbness and tingling in the first through third digits of each hand. It should be noted that the injured individual was being treated concomitantly for a separate cervical spine injury. MRI of the right elbow on 06/06/2003 revealed evidence of previous surgery and scarring. Bone scan of the upper extremities dated 06/10/2003 revealed mild increased activity of the right wrist. No acute

internal derangement was noted. MRI of the right wrist dated 06/20/2003 was within normal limits. The injured individual was referred to an orthopedist who performed electrodiagnostic testing on 11/20/2004 which revealed mild carpal tunnel syndrome on the right and evidence of myofascitis in the upper extremities. To date the injured individual has undergone as many as three right elbow surgeries and one right carpal tunnel surgery. A recent consultative referral opined the need for an additional carpal tunnel surgery.

**REFERENCES:**

References utilized in this review include but are not limited to the ACEOM Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

**RATIONALE:**

The injured individual underwent a previous electrodiagnostic study, which did not reveal any significant objective findings that would necessitate a follow-up study at this juncture. Furthermore, the documentation does not reveal any additional trauma or provocative incidents that would necessitate or establish the medical necessity for repeat electrodiagnostic studies. Furthermore, it appears that the requested electrodiagnostic study is to determine the need for additional surgical intervention. The injured individual has already undergone as many as four surgeries to the upper extremities which have not been shown or demonstrated in the documentation to have produced the expected desired effects or resulted in significant progress. As such, there are no reasonable expectations that a repeat electrodiagnostic study would produce additional information or findings that had not been previously demonstrated by the first study. The documentation does not delineate the rationale for additional surgical intervention.

Given the arguments raised in the above discussion, the medical necessity for the repeat electrodiagnostic study is not established.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 06/05/06
- MR-117 dated 06/05/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 06/21/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/05/06
- Flahive, Ogden & Latson: Letters dated 06/22/06, 06/02/06 from S. Rhett Robinson
- Table of Records Sent dated 06/08/06
- Cambridge: Letters dated 04/18/06, 04/05/06 from Cindy Doktor, RN
- Alamo Orthopedics and Arthroscopic Surgery Associates: Upper Extremity Evaluations (handwritten) dated 03/21/06, 08/02/05, 07/20/05, 01/31/05, 09/28/04, 09/07/04, 06/08/04, 04/22/04
- Neuromuscular Institute of Texas: Letters dated 03/13/06, 12/27/05, 06/16/05, 02/17/05, 12/01/04 from Brad Burdin, D.C.

- Neuromuscular Institute of Texas: Reports dated 10/12/05, 10/08/04, 08/31/04 from Mark Dedmon, P.A.-C
- Neuromuscular Institute of Texas: Narrative Reports dated 10/12/05, 08/04/05 from Brad Burdin, D.C.
- Neuromuscular Institute of Texas: Office notes dated 07/15/05, 05/13/05, 04/06/05, 01/17/05, 12/20/99 from Brad Burdin, D.C.
- Surgery Posting Information (handwritten) dated 09/28/04
- Neuromuscular Institute of Texas: Electrodiagnostic Study dated 07/20/04 from David Hirsch, D.O.
- South Texas Radiology Imaging Centers: Bone scan dated 06/10/03, MRI right elbow dated 05/06/03, MR right wrist dated 03/20/03

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**13<sup>th</sup> day of July 2006.**

**Signature of IRO Employee: \_\_\_\_\_**

**Printed Name of IRO Employee: Beth Cucchi**