



## CompPartners Final Report



CompPartners Peer Review Network  
Physician Review Recommendation  
Prepared for TDI/DWC

**Claimant Name:** ---  
**Texas IRO # :** ---  
**MDR #:** M2-06-1944-01  
**Social Security #:**  
**Treating Provider:** Guillermo Pechero, M.D.  
**Review:** Chart  
**State:** TX  
**Date Completed:** 10/9/06

### **Review Data:**

- **Notification of IRO Assignment dated 9/5/06, 1 page.**
- **Receipt of Request dated 9/5/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/15/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Follow-Up Visit Reports dated 7/26/06, 6/28/06, 5/24/06, 4/26/04, 4 pages.**
- **Evaluation Report dated 3/31/06, 2 pages.**
- **Follow-Up Visit Report dated 3/20/06, 1 page.**
- **Status Report/Letter dated 1/30/06, 1 page.**
- **Progress Report/Letter dated 12/7/05, 11/9/05, 7/1/05, 6/3/05, 4 pages.**
- **Pre-Operative Office Visit dated 5/13/05, 3 pages.**
- **Cervical Spine MRI Report dated 2/24/06, 1 page.**
- **Chest X-Ray Report dated 9/26/05, 5/12/06, 2 pages.**
- **Head CT Report dated 7/25/05, 1 page.**
- **Cervical Spine X-Ray dated 5/19/05, 2 pages.**
- **Cervical to Arm dated 5/19/05, 1 page.**
- **Pre-Operative History and History dated 5/19/05, 3 pages.**
- **Operative Report dated 5/19/05, 1 page.**
- **Electrodiagnostic Consultation dated 2/28/06, 3 pages.**
- **Follow-up Note dated 2/10/06, 1 page.**
- **Brain MRI dated 12/28/05, 1 page.**
- **Neurologic Consultation dated 11/30/05, 7/20/05, 5 pages.**
- **Electromyogram and Nerve Conduction Report dated 3/31/05, 2 pages.**
- **Workerman's Compensation Information Sheet dated 12/21/04, 1 page.**
- **Progress Notes dated 5/4/06, 5/3/06, 3/14/06, 3/20/06, 3/2/06, 2/20/06, 2/7/06, 1/19/06, 12/29/05, 12/8/05, 11/7/05, 11/2/05, 9/26/05, 7/21/05, 7/13/05, 7/1/05, 5/19/05, 4/13/05, 3/29/05, 3/15/05, 2/9/05, 2/2/05, 1/21/05, 1/17/05, 1/4/05, 12/28/04, 12/23/04, 12/21/04, 22 pages.**
- **Status Reports (unspecified date), 14 pages.**
- **Physical Therapy Prescription dated 1/4/05, 1 page.**

- **Treatment Update dated 1/14/05, 1 page.**
- **Physical Therapy Evaluation dated 1/31/05, 1 page.**
- **Work Status Letter dated 4/18/05, 1 page.**
- **Right Shoulder MRI dated 1/19/05, 1 page.**
- **Cervical Spine MRI dated 2/11/05, 1 page.**
- **Texas Worker's Compensation Work Status Report dated 2/20/06, 3/2/06, 2/7/06, 1/19/06, 12/29/05, , 12/8/05, 11/2/05, 7/13/05, 7/1/05, 4/21/05, 4/13/05, 4/12/05, 4/7/05, 3/29/05, 3/15/05, 2/14/05, 2/9/05, 2/2/05, 1/17/05, 1/4/05, 20 pages.**
- **Texas Worker's Compensation Work Status Report (unspecified date) 5 pages.**
- **Medical Dispute Resolution Request Letter dated 8/30/06, 2 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for electromyogram (EMG) of the bilateral upper extremities.

**Determination: UPHELD** - the previously denied request for electromyogram (EMG) of the bilateral upper extremities.

**Rationale:**

**Patient's age:** 60 years

**Gender:** Male

**Date of Injury:** ---

**Mechanism of Injury:** Hit by an object on the neck and right shoulder.

**Diagnoses:**

1. Status post anterior cervical discectomy and fusion at C5-C6 level.
2. Status post right shoulder arthroscopy with debridement, subacromial decompression with distal clavicle excision and rotator cuff repair.
3. Spondylosis, C6-C7 level.
4. Adhesive capsulitis of the right shoulder.

Subsequent to this claimant's work-related injury, which occurred on \_\_\_\_, he initially presented with complaints of neck and right shoulder pain, with associated numbness and tingling radiating into the right hand and fingers. A subsequent cervical MRI revealed focal disk herniation at the C5-C6 level, with severe foraminal stenosis on the right, which corresponded to the patient's symptoms of right upper extremity neuropathy. A right shoulder MRI revealed a full-thickness rotator cuff tear. EMG and nerve conduction studies of the right upper extremities, performed on March 31, 2005, were within normal limits, without any evidence for radiculopathy, plexopathy or peripheral neuropathy. The patient eventually required an anterior cervical discectomy and fusion, which was performed on May 19, 2005. Reportedly, a right shoulder surgery was performed sometime following this operation, within the year of 2005.

Currently, this patient continues with persistent pain and discomforts in his shoulder and neck. A post surgery cervical MRI, performed on February 24, 2006, revealed scarring in the C5-C6 area, with a small disk herniation at the C3-C4 level, as well as spondylosis at the C6-C7 level. Reportedly, from the follow-up note submitted on June 28, 2006 (Rio Grande Valley Orthopedics), this patient underwent a cervical myelogram, which was inconclusive. Of note, a postsurgical right shoulder MRI has not been approved by the insurance company. Current

objective findings of the cervical spine revealed limited ranges of motion in side-to-side bending and rotation. A motor examination documented right upper extremity weakness and a sensory deficit in a C5-C6 distribution. The reflexes were brisk and equal, bilaterally. Examination of the right shoulder revealed ranges of motion limited to 100 degrees in forward flexion, to about 90 degrees in abduction, to 15 to 20 degrees in internal and external rotation, with a positive cross arm adduction sign. Testing of the rotator cuff revealed reproducible pain involving the supraspinatus and infraspinatus muscles. Medication management consisted of Darvocet and Skelaxin (unknown dosage and frequency).

A post-surgical EMG and nerve conduction study of the right upper extremity, performed and interpreted by Mark Pecha, M.D., on February 28, 2006, revealed no electrodiagnostic evidence of right upper extremity cervical radiculopathy. "The altered recruitment to the right deltoid may be explained by recent right shoulder surgery, while the reduced recruitment to the APB is consistent with a mild, chronic median neuropathy at the wrist (i.e. carpal tunnel syndrome)."

EMG and nerve conduction studies are useful in localizing neuromuscular disease sites and providing information about the nature of the disease process. The ACOEM Guidelines support upper extremity electrodiagnostic studies to clarify cervical nerve root dysfunction in cases of suspected disk herniation preoperatively or before cervical epidural steroid injections. In this case, there was no documentation of contemplation of surgical intervention and this claimant is not a suitable candidate for cervical epidural steroid injection(s). Based upon all of the foregoing, the previously denied request for electromyogram (EMG) of the bilateral upper extremities must be upheld.

**Criteria/Guidelines utilized:** ACOEM Guidelines, 2nd Edition, Chapter 8 (page 182).

*Pain Medicine, A Comprehensive Review*, 2nd Edition, edited by P. Prithvi Raj, M.D. (pages 182 – 200).

*Guidelines In Electrodiagnostic Medicine*, edited by Michael J. Aminoff, M.D., FRCP (pages S209-S211).

**Physician Reviewers Specialty:** Pain Management

**Physician Reviewers Qualifications:** Texas licensed M.D. and is currently listed on the TDI/DWC ADL list.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.**

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## 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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this day of October 9, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

*Lee-Anne Strang*