



Medical Review Institute of America, Inc.

America's External Review Network

SENT TO: Texas Department of Insurance

Health & Workers' Compensation Network Certification and QA

Division (HWCN) MC 103-5A

Via E-mail [IRODecisions@tdi.state.tx.us](mailto:IRODecisions@tdi.state.tx.us)

Injured Employee

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Requestor:

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Respondent

KATIE FOSTER

AMERICAN HOME ASSURANCE - 512-867-1733

January 24, 2007

RE: IRO Case #: M2-07-0597-01

Name: \_\_\_

Coverage Type: Workers' Compensation Health Care (Non-network)

Type of Review: prospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

This case was reviewed by an ORTHOPEDIC SURGEON. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured

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employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of Medical Review Institute of America I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO with any person or entity that is a party to the dispute, and

2. A copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on 1/24/07.

#### Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery the appeal must be filed:

- 1) Directly with a district court in Travis County (see Labor Code §413.031(m), and
- 2) Within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for a CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Case Analyst: Cherstin B ext 593  
Case Fulfillment Specialist

#### **DATE OF REVIEW:**

January 24, 2007

**IRO Case #:**

M2-07-0597-01 65432

**DESCRIPTION OF THE SERVICES OR SERVICES IN DISPUTE:**

Dates of Service pre auth:

Item(s) in Dispute: Pre auth request for EMG/NCV.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

The physician who provided this review is certified by the American Board of Orthopedic Surgery. This reviewer is licensed in three states and has privileges at three hospitals. This physician has been the Chairman of the Emergency Room Committee, a Medical Staff Treasurer, Section Chief of Orthopedic Surgery. This physician is a Diplomate of the American Academy of Orthopedic Surgery, the Arthroscopy Association of North America, the American Fracture Association and other local associations. This reviewer has been in active practice since 1989.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

This patient is not a surgical candidate. She has no objective evidence on physical examination of recurrent peripheral nerve compression. The likelihood of improvement in the clinical scenario of CRPS is very low. There are no extenuating circumstances to substantiate necessity of further diagnostic testing of EMG/NCV.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**FROM THE STATE OF TEXAS:**

Notification of IRO Assignment 12/29/06 – 1 page

Texas Department of Insurance Division of Workers' Compensation form 12/29/06 – 1 page

Medical dispute resolution request/response form – 2 pages

Table of disputed services – 1 page

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Provider form – 2 pages

Review determination from UniMed Direct LLC 11/10/06 – 1 page

Review determination from UniMed Direct LLC 11/22/06 – 1 page

FROM DR. HALABY:

Review determination from UniMed Direct LLC 11/10/06 – 1 page

Review determination from UniMed Direct LLC 11/22/06 – 1 page

Independent review organization summary 1/3/07 – 2 pages

Employer's first report of injury or illness form – 1 page

Payment of compensation or notice of refused/disputed claim 6/6/00 – 2 pages

Benefit review conference report 4/17/02 – 2 pages

Letter from Dr. Aboud, MD 5/3/00 – 1 page

Letter from Dr. Aboud, MD 5/4/00 – 1 page

Letter from Dr. Aboud, MD 5/17/00 – 1 page

Privileged and confidential report 6/20/00 – 8 pages

Evaluation notes 9/20/00 – 2 pages

EMG/NCV study 10/6/00 – 2 pages

Office notes 10/11/00 – 2 pages

Report of medical evaluation 3/14/00 – 4/2/00 – 2 pages

Work status report 2/7/01 – 1 page

Independent medical evaluation 1/31/01 – 7 pages

Shoulder flexion/extension ROM history 5/30/01 – 1 page

Cervical rotation ROM history 5/30/01 – 1 page

Wrist radial/ulnar deviation ROM history 5/30/01 – 1 page

Cervical flexion/extension ROM history 5/30/01 – 1 page

Range of motion exam 1/31/01 – 5 pages

Large extremity range of motion exam 1/31/01 – 3 pages

Progress notes 2/13/01 – 1 page

Patient information form 4/11/01 – 1 page

Letter from Dr. Hernandez, MD 2/23/01 – 2 pages

Patient information form 2/13/01 – 1 page

Progress notes 4/11/01 – 1 page

Progress notes 4/19/01 – 2 pages

Neuromuscular electrodiagnosis 4/19/01 – 1 page

Progress notes 5/21/01 – 1 page

Patient information form 5/21/01 – 1 page

Progress notes 6/22/01 – 1 page

Progress notes 8/1/01 – 1 page

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Patient information form 8/1/01 – 1 page  
MRI right wrist 8/9/01 – 1 page  
MRI left wrist 8/9/01 – 1 page  
Letter from Dr. Halaby, MD 8/10/01 – 3 pages  
Operative note 8/31/01 – 1 page  
Progress notes 8/29/01 – 1 page  
Patient information form 8/29/01 – 1 page  
History and physical 9/24/01 – 1 page  
Operative report/progress note 9/13/01 – 1 page  
Physician's orders 9/13/01 – 5 pages  
Physical, anesthesia, conscious sedation, analgesia history and plan of care 9/13/01 – 1 page  
Anesthesia record 9/13/01 – 1 page  
ECG report 9/13/01 – 2 pages  
Admission/registration form 9/13/01 – 1 page  
Patient abstract form 9/13/01 – 2 pages  
Discharge instructions 9/13/01 – 1 page  
Progress notes 10/29/01 – 1 page  
Patient information form 10/29/01 – 1 page  
Report of medical evaluation 3/14/00 – 1 page  
Letter from Dr. Spinks, DO 11/10/01 – 1 page  
Supplemental information on patient – review of medical history physical examination – 1 page  
Review of medical history and physical exam 11/10/01 – 2 pages  
Progress notes 12/18/01 – 1 page  
Patient information form 12/18/01 – 1 page  
Progress notes 1/29/02 – 1 page  
Patient information form 1/29/02 – 1 page  
Report of medical evaluation 2/22/02 – 1 page  
Impairment rating evaluation 2/22/02 – 1 page  
Review of medical history and physical exam 2/22/02 – 2 pages  
Patient information form 1/23/02 – 1 page  
Progress notes 3/6/02 – 1 page  
Patient information form 3/6/02 – 1 page  
Progress notes 4/16/02 – 1 page  
Progress notes 5/20/02 – 1 page  
Progress notes 7/10/02 – 1 page  
Progress notes 9/17/02 – 1 page  
Letter from Dr. Gragnani, MD 9/30/02 – 2 pages  
Progress notes 12/2/02 – 1 page  
Peer review report – 7 pages

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Peer review report – 4 pages  
Progress notes 1/13/03 – 1 page  
Patient information form 1/13/03 – 1 page  
Letter from Dr. Hernandez, MD 2/10/03 – 1 page  
Progress notes 2/24/03 – 1 page  
Patient information form 2/24/03 – 1 page  
Progress notes 3/12/03 – 1 page  
Patient information form 3/12/03 – 1 page  
Chest x-ray report 3/20/03 – 1 page  
Operative report 3/20/03 – 1 page  
Operative summary 3/20/03 – 1 page  
Pre-anesthesia report 3/20/03 – 1 page  
Progress notes 4/7/03 – 1 page  
Patient information form 4/7/03 – 1 page  
Progress notes 5/7/03 – 1 page  
Patient information form 6/7/03 – 1 page  
Progress notes 7/30/03 – 1 page  
Patient information form 7/30/03 – 1 page  
Progress notes 8/13/03 – 1 page  
Patient information form 8/13/03 – 1 page  
History and physical 1/21/04 – 2 pages  
Doctor's first report of occupational injury or illness 1/21/04 – 1 page  
Primary treating physician's permanent and stationary report 1/21/04 – 5 pages  
Spine Resource Consultants procedure report 2/25/04 – 4 pages  
Orthopedic consultation 3/8/04 – 11 pages  
5 position grip test 3/8/04 – 1 page  
Consultation report 4/29/04 – 6 pages  
Report of radiologic findings 4/29/04 – 1 page  
Physician's progress report 4/29/04 – 1 page  
Primary treating physician's requested supplemental report 8/21/04 – 4 pages  
Progress notes 11/21/05 – 1 page  
Progress notes 1/4/06 – 1 page  
Report of medical evaluation 8/25/06 – 1 page  
Letter from Dr. Knott, MD 8/25/06 – 8 pages  
Physical therapy report 3/19/01 – 1 page  
Physical therapy report 11/21/01 – 1 page  
Physical therapy report 1/24/02 – 1 page  
Physical therapy report 5/14/03 – 1 page  
Daily treatment notes 5/14/03 – 5/29/03 – 1 page

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient is a female who complains of arm and wrist pain for a period of years in duration. She has undergone a right carpal tunnel release and a right cubital tunnel release. She had previously undergone EMG/NCV demonstrating compression of the ulna nerve at the elbow. Her post surgical course has been complicated by continued symptoms. She has had several IME's with most recent examinations suggesting CRPS. No further surgeries were recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

This patient has had extensive treatments and diagnostic testing over a period of 6 years. Her condition has not appreciably improved. Her Independent Medical Examinations (at least 6) have been reviewed. A diagnosis of CRPS (variant of RSD) has been made. Further surgical procedures are contraindicated in the presence of this disorder. EMG/NCV are medically necessary in conditions where a diagnosis is in doubt or a surgical procedure is being planned. This patient is not a surgical candidate. She has no objective evidence on physical examination of recurrent peripheral nerve compression. The likelihood of improvement in the clinical scenario of CRPS is very low. There are no extenuating circumstances to substantiate necessity of further diagnostic testing of EMG/NCV.

In addition, the IME reports have stated the patient has reached maximal medical improvement. This by definition supports no further testing or treatment.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

REVIEW ARTICLES:

Christopher J. Hogan and Shepard R. Hurwitz  
Treatment of Complex Regional Pain Syndrome  
J. Am. Acad. Ortho. Surg., July/August 2002; 10: 281 – 289

REVIEW ARTICLES:

Donald H. Lee, Gwendolyn C. Claussen, and Shin Oh  
Clinical Nerve Conduction and Needle Electromyography Studies  
J. Am. Acad. Ortho. Surg., July/August 2004; 12: 276 – 287.

References by Dr. Hadler's review (18)

cc: Respondent, Requestor