

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Date notice sent to all parties:

November 27, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration for EMG/NCV of the right upper extremity, as an outpatient.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

x Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Pain drawing grid assessments dated 09/28/12 – 10/22/12
Clinical notes dated 09/05/12 – 10/22/12
Prior reviews dated 10/18/12 and 10/31/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury and has been followed for complaints of right upper extremity numbness and dyesthesia. The patient was initially treated with steroid injections, physical therapy, and Gabapentin. The patient was seen by Dr. on 09/28/12 with complaints of persistent right hand numbness and dyesthesia. Physical examination at this visit revealed no neurological findings in the upper extremities. The patient was recommended to discontinue Gabapentin if the medication has not been of symptomatic benefit. Follow-up on 10/11/12 reported no new physical examination findings. The patient did discontinue Gabapentin and was taking Naproxen with no relief. The patient was prescribed Tramadol at this visit. The patient returned on 10/16/12 with continuing complaints of burning pain extending from the medial aspect of the right elbow to the ulnar aspect of the right hand. No updated exam findings were noted. The patient was again seen on 10/22/12 with continuing complaints of pain in the right upper extremity. No physical examination findings were reported.

The request for electrodiagnostic studies including EMG/NCV of the right upper extremity was denied by utilization review on 10/18/12 as there was no evidence of conservative treatment to include elbow bracing or nerve glides. Additionally, the patient's physical examination findings were normal.

The request was again denied by utilization review on 10/31/12 as there was no evidence of neurological evidence on physical examination.

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

The requested right upper extremity EMG/NCV studies would not be supported as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The patient continued to report complaints of right upper extremity burning sensations and pain despite conservative treatment to include medication management and physical therapy. Although the patient has not improved with conservative treatment, the patient's physical examination findings were unremarkable for any neurological deficits. There was no indication of any increased 2-point discrimination findings or loss of sensation in the medial or ulnar nerve distributions that would reasonably support electrodiagnostic investigation of the right upper extremity. As the clinical documentation provided for review does not address the concerns noted in the previous denials, medical necessity is not established.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Forearm Wrist & Hand Chapter

Electrodiagnostic studies (EDS)

Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. ([Bienek, 2006](#)) Electrodiagnostic testing includes testing for nerve conduction velocities (NCV), and possibly the addition of electromyography (EMG). For more information, see the [Carpal Tunnel Syndrome](#) chapter. Among patients seeking treatment for hand and wrist disorders generally, workers' compensation patients underwent more procedures and more doctor visits than patients using standard health insurance. WC patients underwent surgery at a higher rate -- 44% compared to 35% -- and electrodiagnostic testing -- 26% compared to 15%. ([Day, 2010](#))