

# P-IRO Inc.

An Independent Review Organization

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**DATE OF REVIEW:** December 28, 2007

**IRO CASE #:**

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

Left Cubital Tunnel Release w/Anterior Transposition Outpatient

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

Doctor of Medicine (M.D.)

Board Certified in Orthopaedic Surgery

Fellowship Training in Hand & Upper Extremity Surgery

**REVIEW OUTCOME**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines

Adverse Determination Letters, 9/4/07, 9/17/07

Records from MD 1/3/07 to 9/18/07

EMG / NCV Study 8/21/07 and 1/12/07

MRI Cervical Spine 2/8/07

Records from (Orthopaedic) 11/15/06, 11/1/06

Records from 10/24/06, 10/30/06

Neurosurgery note 7/16/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee has ulnar nerve palsy that has failed conservative treatment and is worsening on follow-up EMG testing. Surgery has been denied based on ODG guidelines.

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

This patient has classic cubital tunnel syndrome and has received excellent care. Abundant peer reviewed literature exists in the hand surgery journals documenting the effectiveness of submuscular ulnar nerve transposition over simple decompression. This requested surgery is appropriate and medically necessary. The Reviewer considered the ODG Guidelines in the determination of this case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE**
  - **GREEN'S OPERATIVE HAND SURGERY**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**