



Medical Review Institute of America, Inc.
America's External Review Network

AMMENDED REVIEW/CLARIFICATION OF COMPLETED REVIEW 1342331.1

DATE OF REVIEW: December 6, 2007

IRO Case #:

Description of the services in dispute:

Left CTR (Carpal tunnel release)

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

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.

The request for left carpal tunnel release is not recommended as medically necessary.

Information provided to the IRO for review

X-ray right and left wrist, 05/18/02

X-ray cervical spine, 05/18/02

Office notes, Dr., 05/30/02, 06/20/02, 09/19/02, 10/17/02, 12/12/02, 01/23/03, 02/27/03, 03/19/03, 04/24/03, 06/19/03, 08/14/03, 09/25/03, 12/18/03, 01/20/04, 02/19/04,

04/20/04, 06/22/04, 09/21/04, 10/21/04, 11/11/04, 12/02/04
MRI cervical and lumbar, 08/09/02
EMG/NCS, 09/05/02
EMG lower extremity, 10/16/02
X-ray cervical, 10/17/02
X-ray left and right hand, 10/17/02
Neuro Exam, Dr., 10/31/03
Physical therapy evaluation, 11/14/03
Consult, 11/14/03
EMG, 10/06/04 and 01/19/05
MRI left shoulder, 12/07/04
Office note, Dr., 01/19/05
IME, 02/07/05
X-ray cervical, lumbar, left shoulder, 03/15/05
Office notes, Dr., 03/05/05, 07/28/06, 08/25/06, 09/22/06, 11/10/06, 12/05/06, 02/21/07,
03/28/07, 05/09/07, 07/06/07
MRI cervical, 03/29/05
Office notes, 04/27/05, 03/08/06, 10/17/06
Procedure, 04/19/06, 06/07/06
Operative reports, 06/14/06, 10/20/06
Correspondence from Law Firm 1/19/05 , 09/12/06 , 11/04/06, 04/28/07 , 05/16/07
Range of motion testing 09/22/06 , 11/10/06 , 02/21/07 , 03/28/07, 07/06/07
Operative report 02/06/07
Physician Review / Dr. 06/13/07
Cervical myelogram 06/14/07

Patient clinical history [summary]

This female patient reportedly was involved in a motor vehicle accident in xx/xx/xx when the cruiser in which she was driving slid and hit a pole. The patient initially reported trauma to the head, neck, chest, ribs, left shoulder, bilateral wrists and bilateral hands and was diagnosed with multiple myalgias and arthralgias. Following the accident, initial treatment included medications, physical therapy, a wrist injection, a referral to pain management and the inability to work.

In xxxx, treatment continued for the patient's persistent symptoms of pain in the neck, back, left shoulder and both wrists. A designated doctor examination performed on 03/19/03 determined that the patient was not at maximum medical improvement.

The treating physician diagnosed a cervical and lumbar sprain, multiple contusions and myalgias all secondary to the motor vehicle accident. The patient continued treatment with medications and

physical therapy, which included work hardening. A return to work light duty was recommended. Swelling and tingling of both hands were reported in xx/xx/xx and it was recommended that carpal tunnel syndrome be ruled out.

Continued symptoms were reported in 2004. On a visit to Dr. on 09/21/04 the patient reported that she was in a work related MVA on 09/07/04. She reported that she was stopped and was rear-ended by a vehicle going 30 miles per hour. She was taken to the emergency department, treated and released. The patient was referred for EMG. The 10/06/04 EMG of the bilateral upper extremities showed C7-8 bilateral nerve root compromise. A review of an EMG showed no signs of carpal tunnel syndrome. However, a repeat EMG done in 2005 showed minor findings of very early left carpal tunnel syndrome. The patient also continued treatment for ongoing neck, back and shoulder symptomatology. In June 2006, the patient underwent left shoulder arthroscopic subacromial decompression and rotator cuff repair and in August 2006 continued to report numbness in all the fingers of the left hand. A review of an EMG showed no signs of carpal tunnel syndrome. However, a repeat EMG done in 2005 showed minor findings of very early left carpal tunnel syndrome. The patient also continued treatment for ongoing neck, back and shoulder symptomatology. In June 2006, the patient underwent left shoulder arthroscopic subacromial decompression and rotator cuff repair and in August 2006 continued to report numbness in all the fingers of the left hand.

On a 05/09/07 physician visit, the patient reported ongoing neck pain with numbness into both hands. At a follow up physician visit dated 07/06/07 a myelogram was noted to show multiple cervical protrusions with no evidence of nerve root compression. There was decreased cervical range of motion and tenderness on examination.

The records indicated that this patient was a police officer and had been unable to return to work.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

This is a request for medical dispute resolution. The peer review of 10/11/07 noted a denied left carpal tunnel release as moderate to severe carpal tunnel syndrome had not been established. This is by Dr. A peer review of 10/31/07 showed that EMG contact occurred and they denied left carpal tunnel release surgery as the EMG was unable to provide any additional information and they reported only subjective findings, no evidence of median nerve compression, and lack of objective findings.

Additional review of the medical records reports subjective complaints of pain in the hands and wrists. EMG/NCS on xx/xx/xx did not show evidence of median nerve compromise. Repeat EMG/NCS by report only of Dr. of 01/19/05 showed very minor findings, possibly very early carpal

tunnel syndrome on the left. Dr. 05/09/07 visit noted complaints of pain in the neck with numbness into both hands. A On 05/09/07 a CT myelogram showed disc bulges, but no nerve root compression.

At this juncture based on review of the medical records provided and my own training and experience as a board certified orthopedic surgeon the reviewer would agree with the denial of left carpal tunnel release as there is no medical documentation of objective physical examination findings correlated with the subjective complaints or EMG/NCS findings.

Based on the above carpal tunnel release is not reasonable or medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Carpal Tunnel Syndrome : Carpal Tunnel Release

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