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An Independent Review Organization
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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: OCTOBER 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right carpal tunnel release

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:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Office notes, 12/26/06, 07/31/07, 08/13/07, 09/24/07
Physical therapy note, 01/03/07
Office notes, Dr., 04/26/07, 06/28/07
EMG/NCS, 06/11/07
Peer reviews, 07/26/07, 08/09/7
No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a female who presented with complaints of right hand, thumb and right arm pain after cleaning power cords on xx/xx/xx. She is right hand dominant and a non-smoker. The initial impression was right trapezius strain and right wrist tenosynovitis. Treatment included work modifications, anti –inflammatory medication, therapy and bracing. Numbness in the right hand continued. Electrodiagnostic studies on 06/11/07 reported findings of mild median neuropathy consistent with right wrist carpal tunnel syndrome with no evidence of cervical radiculopathy or ulnar neuropathy.

Clinical examination findings on 06/28/07 noted only slight relief from a previous injection to the carpal tunnel. Right grip strength was decreased with positive Phalen's testing. There was decreased sensation in median nerve distribution. The diagnosis was right carpal tunnel syndrome and surgical release was requested noting the claimant had failed conservative measures. The request for carpal tunnel release was non–certified on two separate occasions and another review for surgery was requested.

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

This is a female with symptomatic carpal tunnel syndrome. After a careful review of all medical records, the Reviewer would submit that this claimant has reasons to proceed with the proposed carpal tunnel surgery and, as such, this should this should be considered reasonable and medically necessary.

The rationale for these comments are made based on failure of conservative treatment including physical therapy and bracing as well as electromyograms, although only showing mild changes, nevertheless, show positive findings. There are positive physical examination findings such as a positive Tinel's and Phalen's sign as well as diminished sensation in the median nerve distribution. Therefore, the proposed surgery is reasonable and medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Carpal Tunnel Syndrome
Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. Symptomatic relief from a cortisone/anesthetic injection will facilitate the diagnosis; however the benefit from these injections although good is short-lived.

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 (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)