

Notice of Independent Review Decision

DATE OF REVIEW: 04-29-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Carpal Tunnel Release – right hand/wrist

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

Certified by the American Board of Orthopaedic 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)

Injury Date	Claim Number	Review Type	ICD9/ DSMV	HCPCS/ NDC	Overturn/ Upheld
		Prospective		64721	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review Determination dated, 01-29-08 and 03-12-08
 Pre-Authorization Request dated, 01-25-08
 Operative Report dated 12-14-07
 Medical notes dated, 02-06-08, 01-16-08, 12-26-07, 09-13-07, 08-09-07, and 07-13-07,
 Physical Therapy Script dated 12-26-07

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ODG Official Disability Guidelines Treatment in Workers' Comp 2007 updates,
carpal tunnel release

PATIENT CLINICAL HISTORY:

The medical records presented for review include a July 13, 2007 report where the treating physician notes elbow pain and EMG findings of a mild carpal tunnel syndrome on the left but none on the right. Through November 2007, the treating physician noted the bilateral carpal tunnel syndrome clinically and a lateral epicondylitis.

On December 14, 2007, the right lateral epicondylitis was surgically addressed. The claimant was noted to be doing quite well in follow-up. By February 6, 2008, the treating physician was describing the carpal tunnel syndrome and now calls it a moderate carpal tunnel syndrome (irrespective of the electrodiagnostic findings). Pre-authorization was not certified for the carpal tunnel syndrome release.

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

In the opinion of the Reviewer, the requested procedure is not medically necessary in this claimant. This is a xx-year-old claimant with multiple complaints and reported findings that are not corroborated on objective studies. Electrodiagnostic testing noted normal findings on the right wrist. Thus as noted in the ODG, one is to have moderate to severe findings and the EMG noted normal findings. In that there is evidence of multiple ordinary disease of life changes in both upper extremities and that the complaints of pain do not match the physical examination reported, there is no clinical indication for a right carpal tunnel syndrome based on the clinical data presented for review.

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**

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- 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)**