



Notice of Independent Review Decision

**DATE OF REVIEW:** 8/28/08

**IRO CASE #:**

**NAME:**

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

Determine the appropriateness of the previously denied request for neuroplasty and/or transposition ulnar nerve and carpal tunnel median release nerve.

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

Texas licensed 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)

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 previously denied request for neuroplasty and/or transposition ulnar and carpal tunnel median release nerve.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Letter from Claimant dated 8/19/08.

- Office Visit Note dated 8/18/08, 8/12/08, 7/9/08, 7/8/08, 6/10/08, 6/9/08, 5/23/08, 5/13/08, 4/30/08, 3/4/08, 2/5/08, 12/21/07, 11/20/07, 11/6/07, 10/24/07, 9/26/07, 8/29/07, 8/21/07, 8/15/07, 7/31/07, 6/22/07, 5/22/07, 4/18/07, 3/21/07, 2/2/07, 1/5/07, 12/8/06, 11/10/06.
- Fax Cover Sheet/Comments dated 8/18/08.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 8/14/08.
- Notice to CompPartners, Inc. of Case Assignment dated 8/14/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/14/08.
- Company Request for Independent Review Organization dated 8/14/08.
- Notice of Assignment of Independent Review Organization dated 8/14/08.
- Letter of Medical Necessity dated 8/14/08, 8/15/07.
- Request Form Request for a Review by an Independent Review Organization dated 8/13/08.
- Adverse Determination Letter dated 8/5/08, 7/15/08.
- History and Physical Report dated 7/25/08.
- Work Status Note dated 7/25/08, 4/30/08.
- Medical Exam Report/Letter dated 7/23/08.
- Appointment Notification Letter dated 7/16/08.
- Peer Review Report dated 7/14/08.
- Work Compensation Verification for Diagnostic/Surgical Procedures dated 7/10/08.
- Surgery Scheduling Instructions Sheet dated 7/9/08, 7/31/07.
- Outpatient Surgery Routing Form dated 7/9/08, 11/6/07.
- Notice of Disputed Issue (s) and Refusal to Pay Benefits dated 6/30/08.
- Report of Medical Evaluation dated 6/4/08.
- Impairment Rating Report/Letter dated 3/20/08.
- Functional Capacity Evaluation Summary/Report dated 1/15/08.
- Operative Report dated 11/15/07, 8/9/07.
- Right Elbow MRI dated 7/9/07, 11/6/06.
- Electromyogram and Nerve Conduction Consultation Report (EMG/NCS) dated 5/23/08.
- 37.2 U.S. Department of Labor Physical Demand Characteristics of Work (unspecified date).

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** Picked up a 150-pound brake drum which slipped and he caught it with his right hand.

**Diagnosis:** Tear, right biceps tendon, right distal bicipital tenosynovitis

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

This right hand dominant male was injured on xx/xx/xx, when he picked up a 150-pound drum which slipped and he caught it with his right hand. A right elbow MRI on 11/06/06 revealed tenosynovitis and a tiny tear involving the distal biceps femoris tendon, mild medial epicondylitis and a joint effusion. The claimant treated for complaints of right elbow pain that was diagnosed as right distal bicipital tenosynovitis. Conservative treatment included: medications, occupational therapy, light duty and a cortisone injection. A repeat right elbow MRI on 07/09/07, revealed findings compatible with the clinical history of tendinosis and synovitis. There was medial epicondylitis with thickening of the common flexor tendon. This is an appeal of a prior denial for right carpal tunnel release and neuroplasty and/or transposition of the right ulnar nerve.

On 08/09/07, the claimant underwent an open repair of the right distal biceps tendon rupture. Postoperatively, he did well and treated with medications, a long arm cast, therapy and dynamic splinting. He was found to have a painful retained suture and on 11/15/07, underwent removal of two foreign bodies.

On 12/21/07, the claimant was evaluated by Dr. reporting soreness. There was decreased supination strength on the right. Active motion of the right elbow was 0-150 degrees and active motion of the right forearm in pronation and supination was 80 degrees. Continuation of therapy and increase his weight limit at work to 20 pounds were advised.

A functional capacity evaluation (FCE) on 01/15/08, indicated that the claimant was currently working light duty. The examiner recommended a modified work conditioning program.

On 06/13/08, Dr. saw the claimant for pain on the ulnar side of the right hand with numbness, weakness with hand grip and pain to the outside and inside of the right elbow with numbness, swelling and popping. He was taking Lodine and Extra Strength Tylenol. Moderate pain with resisted flexion at the elbow and supination of the forearm, tenderness to palpation of the right elbow, medial epicondyle and distal biceps, decreased sensation of the right C8 and right T1, a positive Tinel's at the right cubital were noted on examination. Right ulnar nerve entrapment was diagnosed. Continuation of medications, a topical ointment, electrodiagnostic studies and Lyrica were recommended.

Electromyogram (EMG)/ nerve conduction velocity (NCV) studies performed on 06/23/08, revealed evidence of right ulnar mononeuropathy at the elbow, demyelinating and axonal loss pattern, consistent with moderate right focal ulnar neuropathy at the elbow, right sensory median mononeuropathy at the right wrist, demyelinating pattern consistent with mild right carpal tunnel syndrome. Clinical correlation and follow-up with Dr. continuation of Lyrica and start Ultram ER were recommended.

At the 07/08/08 visit, the claimant reported right and wrist pain with numbness, pain on the ulnar side of the right wrist and pain inside the right elbow with swelling, weakness and popping. No examination was provided. Dr. re-evaluated the claimant on 07/09/08, at which time, the claimant continued to wear the Heelbo. He stated that the injection given at the last visit did not help. He had numbness in his hand and pain radiating from his hand to the forearm and elbow. Right elbow motion was flexion 140 degrees and extension 0 degrees. There was no swelling or tenderness of the right hand/wrist. Tinel's was positive over the right cubital; Phalen's was less than 15 seconds, carpal compression 15-30 seconds, and elbow flexion less than 15 seconds. 2 point discrimination was: 4 millimeters for the thumb, index and ring fingers, 5 millimeters for the middle and what appears to be 8 millimeters for the small finger. A right ulnar nerve transposition and a right mini open carpal tunnel release were recommended.

Careful review of this medical record would indicate that this claimant sustained a right elbow biceps tendon tear at the time of the injury, which was appropriately treated conservatively and then with follow-up surgery. The first time there was any documentation of any hand numbness was June 2008, which was approximately 20 months following the date of injury. This person had gone on to have progressive hand numbness and had undergone an EMG documenting ulnar neuropathy at the elbow and carpal tunnel syndrome at the wrist.

**There is medical necessity for neuroplasty and/or release of the ulnar nerve, but not for transposition.**

The ODG document indications for simple decompression of the ulnar nerve in the cubital tunnel, but not for ulnar nerve transposition in patients who have positive physical findings, lack of improvement with conservative care, and abnormal diagnostic testing. In this case, this claimant had positive physical findings to include decreased two-point sensation, a positive Tinel's sign, and an abnormal EMG, as well as lack of improvement to conservative care. Therefore, the requested simple decompression/neuroplasty is medically necessary but not the ulnar transposition.

**There is medical necessity for the Right Carpal Tunnel Release**

The ODG document indication for carpal tunnel release to include positive symptoms, positive EMG testing, and lack of improvement with conservative care. In this case, there was a positive EMG and positive physical findings to include a positive Phalen's test, decreased sensation to light touch of the long finger, and lack of improvement with conservative care to include anti-inflammatory medication.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- Official Disability Guidelines, Treatment Index, 6<sup>th</sup> Edition (web), 2008, Carpal tunnel-Surgery, Elbow-- Surgery for cubital tunnel syndrome (ulnar nerve entrapment)
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
  - TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).