



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include an MRI of the bilateral wrists.

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

The reviewer is a medical doctor who is board certified in Orthopedic Surgery and has been practicing for greater than 15 years.

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)

The reviewer disagrees with the previous adverse determination in its entirety.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

(requestor) and from Managed Care (URA). Additional records were received from Dr. on 6/9/08; however, the reviewer had already submitted the report at that time.

These records consist of the following (duplicate records are only listed from one source): URA: 5/23/08 letter by , RN, 4/18/08 denial letter, 5/22/08 denial letter, 4/17/08 review by , MD, 5/21/08 appeal review by , MD, LM preauth request by Ortho Surgery Group (undated) and a 4/14/08 eval by Dr. .

Dr. : 6/13/07 through 4/9/08 evals by Dr. , labwork of 3/6/08, SOAP notes from 11/27/07 to 12/13/07 by , surgical reports of 8/27/07 and 11/12/07,

We did not receive a copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

xx year old right handed woman developed carpal tunnel syndrome after injury at work on xx/xx/xx. She underwent carpal tunnel release on the left 8/27/07 and on the right 11/12/07. Initially she received relief, but her symptoms recurred, including pain, numbness and tingling in both hands.

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

The ODG does not address recurrent carpal tunnel syndrome after surgery which is this patient's situation. Complete evaluation of postoperative recurrence includes evaluation of scar tissue formation which is appropriately done by MRI. The following references provide documentation of this decision. Green's Hand Surgery, Chapman's Orthopedics, Murphy RX, Chernofsky MA, Osborne MA, Wolson AH. Magnetic resonance imaging in the evaluation of persistent carpal tunnel syndrome. J Hand Surgery 1993; 18:113-120.

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)** Murphy RX, Chernofsky MA, Osborne MA, Wolson AH. Magnetic resonance imaging in the evaluation of persistent carpal tunnel syndrome. J Hand Surgery 1993; 18:113-120
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**