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DATE OF REVIEW: March 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient carpal tunnel release (left) with removal of plates and screws to include 64721 and 20650.

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

Diplomate, 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Provider include:

- Texas Department of Insurance, 03/20/08
- Health Systems, 07/23/07
- M.D., 07/26/07, 09/18/07, 11/06/07

- Orthopedic Surgery, 01/31/08

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2007
- Health System, 07/23/07, 08/21/07
- Management Fund, 02/19/08, 02/20/08, 02/25/08, 03/05/08, 03/12/08, 03/17/08, 03/20/08
- M.D., 02/25/08
- 03/11/08

PATIENT CLINICAL HISTORY:

The history in this case is that the patient sustained a distal radius fracture in a fall at work. The patient underwent open reduction and internal fixation on July 24, 2007.

The postoperative course was unremarkable until a note dated January 31, 2008, in which M.D. indicates that the patient was having stiffness and dysesthesias in the median nerve distribution. He noted physical findings including a weakly positive Tinel's test and weakness of grip. X-rays revealed no untoward abnormalities. He recommended a carpal tunnel release.

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

It is my opinion that the medical records and the ODG Guidelines do not support the medical necessity of this procedure, and carpal tunnel release is not justified in this case. The ODG Guidelines require muscle atrophy, two-point discrimination abnormalities, and at least three physical findings, none of which were documented by Dr. Additionally, conservative measures have not been well documented. Therefore, a carpal tunnel surgery does not appear to be appropriate according to ODG Guidelines.

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)