

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of right submuscular transposition, flexor preator lengthening tunnel release with Guyon

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

M.D, 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

Adverse Determination Letters, 02/08/08, 02/21/08
Official Disability Guidelines Treatment in Worker's Comp 2008, Forearm, wrist and Hand; Elbow
Office note, Dr., 12/11/06
EMG, 10/18/07
Office note, Dr., 12/04/07
Office notes, Dr., 12/13/07, 01/24/08, 02/27/08
Appeal for right submuscular transposition, 02/11/08
Report of Medical Evaluation, 12/11/06
Fax Cover, 12/20/06, 03/12/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old male injured on xx/xx/xx when his right hand was crushed. He has an 08/11/06 Incision and Drainage, completion of amputation at the DIP of the right third finger, pinning of the right fifth finger and debridement of the right second finger; 08/13/06 Incision and Drainage; 08/15/06 Incision and Drainage and amputation right small finger; 08/17/06 Incision and Drainage and an 08/18/06 split thickness skin graft of the right index finger. He had therapy following surgery.

The 10/18/07 EMG showed compression of the median nerves at the wrist, right more than left with active denervation on the right. There was equivocal evidence of focal compression neuropathy of the right median nerve at the level of the pronator teres. Focal compression neuropathy of the ulnar nerve at the level of the wrist, both motor and sensory, was noted however reinnervation was identified exclusively,

On 12/13/07 Dr. evaluated the claimant and noted the right carpal tunnel symptoms. No physical examination was provided. A splint was recommended for night and for work.

On the 01/24/08 visit Dr. noted persistent right carpal tunnel syndrome and cubital tunnel syndrome. He indicated the claimant had pain not only in carpal tunnel but in the small finger, palm of hand, and dorsal aspect of the hand. He recommended surgery for carpal tunnel release with an incision to the distal forearm so he could get to Guyon canal and submuscular transposition with a flexor pronator lengthening. This has been denied on peer review and a dispute resolution has now been requested.

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

Right submuscular transposition, flexor pronator lengthening, and carpal tunnel release with exploration of Guyon's canal is not medically necessary and reasonable.

Based upon ODG guidelines, there is no physical evidence objectively of abnormal Katz hand diagram scores, nocturnal signs, flick sign, Durkan's compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, or decreased two-point discrimination, or mild thenar weakness based upon the medical records available for my review today. As such, I do not think it is reasonable and appropriate to proceed with this surgery, and this recommendation would be consistent with ODG guidelines.

There are no findings consistent with ulnar neuropathy in spite of electrodiagnostic evidence on 10/18/07 of compression of the median nerve at the wrist as well as equivocal evidence of focal decompression, right median nerve at the level of the pronator teres, and focal compression of the ulnar nerve at the level of the wrist both motor and sensory.

Official Disability Guidelines Treatment in Worker's Comp 2008, Forearm, wrist and Hand; Elbow

Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally indicated for mild CTS.

ODG Indications for Surgery™ -- Carpal Tunnel Release:

I. Severe CTS, requiring ALL of the following:

following:

- A. Symptoms/findings of severe CTS, requiring ALL of the

1. Muscle atrophy, severe weakness of thenar muscles
2. 2-point discrimination test > 6 mm

- B. Positive electrodiagnostic testing

--- OR ---

II. Mild/moderate CTS, requiring ALL of the following:

- A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:

1. Abnormal Katz hand diagram scores
2. Nocturnal symptoms
3. Flick sign (shaking hand)

- B. Findings by physical exam, requiring THREE of the following:

1. Durkan's compression test
2. Semmes-Weinstein monofilament test
3. Phalen sign
4. Tinel's sign
5. Decreased 2-point discrimination
6. Mild thenar weakness (thumb abduction)

- C. Comorbidities: no current pregnancy

- D. Initial conservative treatment, requiring FOUR of the following:

1. Activity modification \geq 1 month
2. Wrist splint \geq 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Physical therapy referral for home exercise training
5. Successful initial outcome from corticosteroid

injection trial (optional)

- E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results]

Surgery for Pronator syndrome

Under study. Due to the relative rarity of pronator syndrome, few controlled studies exist to determine the most effective treatment techniques. Pronator syndrome is usually treated conservatively, with surgery to release pressure on the nerve an option for severe cases. Outcome following surgery is unpredictable, and at least one out of three patients have lingering symptoms despite technically satisfactory surgery. In some cases surgical release of the median nerve at the elbow level may provide an immediate as well as long-term return to normal strength

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)