Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 5/2/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Carpal tunnel release, left wrist (64721)

QUALIFICATIONS OF THE REVIEWER:
This reviewer attended the University of Pittsburgh School of Medicine after completing his undergraduate degree at the University of Virginia. He completed an internship and residency at Pennsylvania State University. He has been actively practicing since 1990. He is a member of the American Academy of Orthopaedic Surgeons and the American Medical Association.

REVIEW OUTCOME:
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

X Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Carpal tunnel release, left wrist (64721) Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review organization dated 4/11/2008
2. Clinical note by MD, dated 3/4/2008
3. Clinical note dated 3/28/2008
4. Independent review organization dated 4/2/2008
5. Case assignment dated 4/14/2008
6. Clinical note dated 4/18/2008
7. Clinical note dated unknown
8. Clinical note by LVN dated 3/4/2008
9. Clinical note by LVN dated 3/28/2008
10. Treatment history dated 1/8/2008 to 4/18/2008
11. Clinical note by MD dated 2/26/2008 to 3/25/2008
12. Clinical note by MD dated 2/15/2008
13. Clinical note by DO dated 2/12/2008
14. Clinical note by MD dated 1/24/2008
15. Clinical note by MD dated 1/10/2008
16. Clinical note dated unknown
17. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was reportedly injured while at work. His diagnosis was listed as carpal tunnel syndrome. On 2/26/2008 the injured worker had complaints of pain, numbness, and tingling in both hands. He uses a drill, alternating hands, which was noted to be the cause of his symptoms. He was placed on modified duty and given wrist braces. A nerve conduction study showed moderate bilateral carpal tunnel syndrome.

At this time, the request for a carpal tunnel release, left wrist is under review for medical necessity.

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

Left carpal tunnel release should be considered reasonable and medically necessary based on the clinical information provided for the following reasons. This individual has been working with vibratory tools for months. Working with vibratory tools has clearly been shown to be a risk for the development of carpal tunnel syndrome. According to the medical records this individual presents with clinical complaints of paresthesias both at night time and during day time activities. Examination findings revealed diminished sensation, decreased grip strength and a positive Tinel's and Phalen's sign. Conservative care has included activity modification, splinting and anti-inflammatories for over three months. EMGs were also positive and consistent with this individual's diagnosis and objective findings.

In looking at the ODG Guidelines, the claimant has met the recommendations for physical findings of a positive Tinel's, Phalen's and weakness and has followed appropriate conservative treatment for greater than one month. The claimant's clinical picture is consistent with the diagnosis and supported by positive EMGs. He has failed a reasonable period of conservative care and has findings on examination consistent with his subjective complaints and thus, in this particular setting of a dispute resolution case, the request for carpal tunnel release should be considered reasonable and medically necessary and consistent with evidence based guides. While there is no documentation that the claimant has either an abnormal Katz or Flick sign as recommended by ODG, this does not negate the fact that the claimant has a classic clinical picture for carpal tunnel syndrome and continuation of conservative treatment for a claimant who works with vibratory tools is unlikely to provide any benefit. Therefore, in the spirit of the ODG Guidelines, this claimant would meet the criteria for the medical necessity of the surgery. Thus, the previous denial is overturned.

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
- **X** 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
- **X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Orthopedic Knowledge Update 9 , Fischgrund , editor , Chapter 29 , page 357
Exposure to vibration activity has been linked to CTS, results of electrodiagnostic studies are highly variable and dependent on multiple factors, does not rule out clinically symptomatic CTS, Tinel's and Phalen's and carpal tunnel compression test most sensitive and specific for CTS, steroid injection into the carpal tunnel and splinting are effective but frequently provide only temporary relief, important to note, however, that patient's who fare well with these measures will likely respond favorable to surgery.

Orthopedic Sports Medicine, Principles and Practice, DeLee, Drez , Miller, 2nd edition, 2003, chapter 24, page 1357
Local injection of corticosteroid is frequently transient in effect and 60-90% experience recurrence of symptoms, surgical treatment is indicated in patients who fail to respond to appropriate conservative treatment or when symptoms recur after an initial response.