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Notice of Independent Review Decision

DATE OF REVIEW: September 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right carpal tunnel release to include CPT code 64721

**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)

PATIENT CLINICAL HISTORY:

I have had the opportunity to review medical records on this patient. The records indicate a dispute regarding the medical necessity of a carpal tunnel release.

The history indicates that the patient was evaluated for multiple injuries sustained in a slip and fall. She was going into the kitchen and fell down backwards. She was evaluated by an orthopedic surgeon. X-rays of the cervical spine and left shoulder were performed.

The patient then transitioned her care to D.C. He ordered physical therapy.

An MRI of the shoulder disclosed a partial rotator cuff tear. The patient was referred for surgical treatment.

At some point, the patient began complaining of numbness and pain in her wrists and hands. The diagnosis came to include bilateral hand and wrist contusions.

A designated doctor evaluation was undertaken. The designated doctor noted normal range of motion and a 0% rating for the hands and wrists.

The patient was then evaluated by M.D., for electrodiagnostic studies which were performed on February 20, 2008. These were consistent with moderate right median nerve irritation at the wrist and mild-to-moderate left median nerve irritation at the wrist.

The patient was then evaluated on June 18, 2008, by M.D. His notes indicate that she has undergone physical therapy and electrodiagnostic testing. He noted a bilateral positive Phalen's test, and mild Tinel's on the right and negative on the left. He opined that due to the longevity of the patient's symptoms and due to the fact that she had not improved with activity modification, therapy, and medication that bilateral carpal tunnel releases should be performed.

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

The request in this IRO is for the medical necessity of an outpatient right carpal tunnel release. It is my opinion that the denial of the carpal tunnel surgery is appropriate. The findings described by Dr. include only bilateral hand pain and numbness.

The ODG requirements in terms of symptoms include two of the three following: abnormal Katz Hand diagram scores, nocturnal symptoms, or the flick sign. None of these are present or described in Dr. 's notes. Therefore, based upon symptoms alone, the denial was appropriate and in keeping with ODG. The physical examination findings are met, as are the initial conservative treatment requirements.

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)**