

Notice of Independent Review Decision

DATE OF REVIEW: 4/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Carpal Tunnel release

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

Certified by the American Board of Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	354.0	29848	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician letter dated 3/19/09

Physician/progress notes dated 3/24/09, 3/20/08, 3/2/09, 2/20/09, 2/6/09, 1/9/09, 12/19/08, 12/5/08, 11/21/08, 11/14/08, 10/31/08, 10/21/08, 10/14/08, 10/7/08, 9/26/08, 4/11/08, 2/28/08, 2/18/08

Electrodiagnostic testing report dated 2/20/09

Operative report dated 10/8/08

EKG dated 10/7/08

Occupational therapy report/progress reports dated 1/9/09, 12/23/08, 11/14/08, 10/31/08

Pre authorization reports dated 12/30/08, 10/30/08, 3/28/08

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Official Disability Guidelines cited but not provided

PATIENT CLINICAL HISTORY:

This claimant sustained an injury to the left wrist on xx/xx/xx. The claimant picked up a pot at work and felt a pop. The claimant initially underwent casting without significant improvement. X-rays were noted to reveal a fracture of the distal radius with marked dorsal angulation, mild displacement. On 10/8/08, the claimant underwent open reduction internal fixation of the distal radius with corrective osteotomy. Postoperatively the claimant was noted to complain of wrist aching as well as numbness and tingling of the fingers. Records indicate the claimant wore a splint, but this did not significantly help the claimant's symptoms. Electrodiagnostic testing was noted to reveal evidence of left carpal tunnel syndrome. Progress note dated 3/2/09 noted the claimant to continue with subjective complaints of tingling in the fingers. The patient was noted to be wearing wrist splints. EMG/NCV results were reviewed. Physical examination reported positive CT compression test, positive Tinel's at wrist, negative Tinel's forearm, positive thenar atrophy, active thumb abduction and flexion 4/5. The claimant was recommended to undergo left carpal tunnel release.

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

Based on the clinical information provided, it is the Reviewer's opinion that left carpal tunnel release is indicated as medically necessary. Although electrodiagnostic studies are borderline, the claimant does have significant physical examination findings including positive compression test, positive Tinel's and positive thenar atrophy. The claimant has failed conservative treatment including splinting. Noting the claimant's history of traumatic wrist injury with fracture and malunion of left distal radius requiring corrective osteotomy, open reduction internal fixation left wrist, and noting the findings on physical examination, surgical intervention appears to be appropriate treatment for this claimant.

ODG

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 TWO of the following:
 - 1. Compression test
 - 2. Semmes-Weinstein monofilament test
 - 3. Phalen sign
 - 4. Tinel's sign
 - 5. Decreased 2-point discrimination

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- 6. Mild thenar weakness (thumb abduction)
- C. Comorbidities: no current pregnancy
- D. Initial conservative treatment, requiring THREE of the following:
 - 1. Activity modification \geq 1 month
 - 2. Night wrist splint \geq 1 month
 - 3. Nonprescription analgesia (i.e., acetaminophen)
 - 4. Home exercise training (provided by physician, healthcare provider or therapist)
 - 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] ([Hagebeuk, 2004](#))

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

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- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**