

Clear Resolutions Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Carpal Tunnel Release

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

ODG Guidelines

X-rays cervical spine 01/07/09

X-rays lumbar spine 01/07/09

Shoulder x-rays 01/07/09

Dr office notes (neuro evaluation) 01/28/09

EMG/NCS 03/24/09

Dr Neuro follow up 04/01/09, 04/15/09

Office note Dr. 05/20/09

Dr. peer to peer denial 06/05/09

Dr office note 06/17/09, 07/16/09

Dr Appeal – denied 07/02/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old who sustained a neck and back injury on xx/xx/xx when he was hit head on by another motor vehicle. He had complained of neck pain and numbness to hands and fingers. The 01/28/09 exam by Dr. revealed the claimant had positive Tinel's, Phalen's and dorsiflexion. He under went an EMG/NCS which revealed bilateral carpal tunnel syndrome moderately severe on the right and mild to moderately severe on the left. The 06/17/09 office noted indicated that he was treated conservatively with a night wrist splint, analgesics, activity modification and was sent for home exercise program. On the 07/16/09 office visit it is noted

that symptoms are getting worse, he continued to have grip weakness, very positive Tinel's and median nerve compression sign. Dr. noted thenar atrophy and has recommended a left carpal tunnel release.

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

The evidence based ODG suggests that individuals can be considered reasonable candidates for carpal tunnel release when their clinical picture, i.e. symptoms are consistent with the above stated diagnosis, positive physical exam findings, and positive EMG's. The records reflect that this individual has positive EMG's, has findings on examination, including a Tinel's and Phalen's test and subjective numbness in the median nerve distribution and has failed conservative care in the form of anti-inflammatories, wrist splint and activity modification. Based on the above stated rationale this individual appears to meet all reasonable criteria to undergo carpal tunnel release which should be considered reasonable and medically necessary. The reviewer finds that medical necessity exists for Left Carpal Tunnel Release.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates

ODG Indications for Surgery| -- Carpal Tunnel Release

I. Severe CTS, requiring ALL of the following

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

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

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 score
2. Nocturnal symptom
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
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-AMERICA 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)