



Notice of Independent Review Decision

DATE OF REVIEW: 8/28/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left endoscopic 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 notes dated 8/7/09, 7/31/09, 7/23/09, 7/14/09

Nerve Conduction/EMG report dated 7/16/09

Official Disability Guidelines cited

PATIENT CLINICAL HISTORY:

The claimant is a xx-year-old male who reportedly was injured on xx/xx/xx when he was lifting an edger off a wagon and it fell jerking his left hand and injured the thumb, index,

and middle finger. On examination the claimant was reported to have positive Tinel's and positive Phalen's and positive Flick test. Electrodiagnostic studies performed 07/16/09 reported moderate to severe left carpal tunnel syndrome. Records indicate the patient has been treated with activity modification, splinting, and anti-inflammatory medications. The patient was recommended to undergo left endoscopic carpal tunnel release.

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

In the Reviewer's opinion, the requested procedure should be approved as medically necessary for this patient. The patient is noted to have sustained an injury to the left wrist on xx/xx/xx while lifting an edger off a wagon when it fell and jerked his left hand. The patient has objective findings on electrodiagnostic studies indicative of moderate to severe left carpal tunnel syndrome. He has failed conservative treatment including activity modification, night splints, and anti-inflammatory medications. On examination the patient has positive Phalen's, positive Tinel's and positive Flick sign. Noting the lack of improvement in response to conservative treatment, as well as subjective and objective findings, left endoscopic carpal tunnel release is indicated as medically necessary.

Reference:

ODG Treatment Integrated Treatment/Disability Duration Guidelines, carpal tunnel syndrome chapter, Online Version

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 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 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- 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)