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DATE OF REVIEW: July 7, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right carpal tunnel repair

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (05/14/09, 06/08/09)

Insurance Co.

- Utilization Reviews (05/14/09, 06/08/09)
- Office Notes (03/17/08 – 05/05/09)
- Diagnostics (03/17/08)

Dr.

- Office Notes (05/22/07 – 06/02/09)
- Diagnostics (03/17/08 - 05/08/08)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who works and uses keyboard and mouse all day long. She developed vague pain in the right elbow area which she related to her repetitive activities.

In 2007, , M.D., evaluated the patient for right elbow pain. X-rays were unremarkable. The patient was utilizing Relafen and ibuprofen. Examination revealed positive Tinel's sign at the cubital tunnel. Dr. assessed developing

cubital tunnel syndrome. Dr. treated her conservatively with Medrol Dosepak and nighttime carpal tunnel splint. She improved and was released to work without restrictions. Dr. assigned a 0% impairment rating but said she had good chance for recurrence of pain.

In March 2008, the patient returned to Dr. with more pronounced symptoms and more classic carpal tunnel complaints of numbness at night and median nerve disruption and median nerve distribution complaints. Examination revealed moderately positive Tinel's and Phalen's. M.D., noted tenderness over the extensor tendons of the thumbs and positive Finkelstein's test. He performed electromyography/nerve conduction velocity (EMG/NCV) study which was unremarkable. He assessed de Quervain's syndrome and recommended steroid injections.

Dr. noted the patient's symptoms abated following a week off from work. He recommended a workup to rule out inflammatory arthritides.

Chest apical lordotic performed was unremarkable. However, a screening test showed the patient had positive ANA. Dr. suspected systemic inflammatory disease process and referred her to a rheumatologist for ongoing right arm complaints. The rheumatologist did not feel she had any inflammatory process and probably had a carpal tunnel syndrome (CTS).

Dr. noted positive Phalen's and Tinel's sign and performed steroid injection to the carpal tunnel region.

In March 2009, Dr. noted the patient had good relief for a long period of time following the steroid injection, but examination revealed positive Phalen's and Tinel's sign. Dr. performed another steroid injection. The patient reported relief for only three weeks following the injection. Examination was typical findings of night complaints, dropping things, wrist pain, positive Tinel's and Phalen's sign. Dr. recommended surgical release.

On May 14, 2009, , M.D., performed a utilization review and non-authorized the carpal tunnel repair on the right with following rationale: *Under current guidelines the claimant must have positive electrodiagnostic studies. The claimant's electrodiagnostic studies were normal. The request is not certified.*

On May 27, 2009, Dr. noted positive Phalen's and Tinel's signs. But she had EMG studies, which were not positive for a nerve compression. He opined that it was possible that the patient had negative result, but still had CTS. He had treated her extensively in conservative fashion. He offered a carpal tunnel release (CTR) to see if decompressing the median nerve at the carpal tunnel would be of any relief and later, prescribed a wrist brace to give some degree of relief.

On June 8, 2009, M.D., performed a reconsideration review and denied the surgery with the following rationale: *According to ODG guidelines, conservative treatment must be attempted prior to surgical intervention. It is noted that the patient has had corticosteroid injection with good relief; however, there is no mention of any activity modification, night wrist splinting, or home exercise training. It is also indicated that the patient along with nocturnal symptoms have*

also flick sign or abnormal Katz and diagram scores. The patient also had normal EMG studies, ODG indicates that it is possible to have normal EMG studies with mild CTS, but patient must be symptomatic. The patient does not meet symptomatic indications outlined by the ODG for CTS. Based on clinical information provided, the request is not indicated as medically necessary.

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

The proposed carpal tunnel release would not be recommended in this case. It is important to note that the only available electrodiagnostics were normal. It could also be meaningful that the symptoms in the case have been described as “vague” and as occurring in “various” areas. When one turns to the ODG guidelines, there is no clearcut documentation of Katz scores, nocturnal symptoms or the Flick sign. Other than a wrist support and intermittent injection, there is no documentation of other intervention such as activity modification.

As such, this case would not appear to meet the ODG guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter carpal tunnel syndrome

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](#))

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES