



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: June 26, 2009

IRO Case #:

**Description of the services in dispute:**

Medical necessity of Neuro plasty and/ or transposition of median nerve at carpal tunnel.

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

**Review Outcome:**

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

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Carpal tunnel release is not medically necessary based on failure to meet ODG criteria by the medical documentation submitted for review.

**Information provided to the IRO for review**

Texas Department of Insurance: letter 6/8/09 2 pages

letters 5/14/09–5/28/09 8 pages

Center, electrodiagnostics 5/3/05 3 pages

Orthopedics,: clinical note 4/7/09 2 pages

Professional Reviews: peer reviews 5/14/09 and 5/28/09 5 pages

letter 5/22/09 1 page

IRO request: 5/27/09 2 pages

ODG Guidelines were not submitted for review

**Patient clinical history [summary]:**

The patient is a female with right greater than left upper extremity numbness and pain. She is indicated for right carpal tunnel release by Dr. Physical examination documented on 4/7/09 showed positive Phalen's and Tinel's tests, APB strength of 4/5 with mild atrophy, and 5 mm two point discrimination in all right hand digits. Electrodiagnostics done 4 years ago showed mild right median nerve findings at the wrist, but was unable to explain the patient's 4 extremity symptoms. No new electrodiagnostic tests are reported for review. Previous peer reviews have not certified the carpal tunnel release due to failure to meet ODG criteria.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:**

Carpal tunnel release is not medically necessary based on the medical documentation presented for review. ODG criteria are not met for Carpal Tunnel release. Improved documentation by the treating provider may show that Carpal Tunnel release is medically necessary, but this information was not contained in the materials provided for review.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Indications for Surgery -- Carpal Tunnel Release

ODG, Carpal Tunnel Syndrome, Carpal tunnel release surgery (CTR)