

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**12001 NORTH CENTRAL EXPRESSWAY**  
**SUITE 800**  
**DALLAS, TEXAS 75243**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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Notice of Independent Review Decision

**DATE OF REVIEW:** June 1, 2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left and right decompression carpal tunnel release to include CPT code #64721.

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

Diplomate, American Board of Orthopaedic Surgery

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Neurological Association, 01/14/09, 01/26/09

- M.D., 02/04/09, 03/16/09
- 03/09/09, 04/01/09, 04/14/09
- M.D., 03/17/09, 04/08/09
- Healthcare, 03/26/09
- Ms. 04/09/09
- 04/16/09, 05/11/09
- Utilization Review Unit, no date

Medical records from the Requestor/Provider include:

- Neurological Association, 01/14/09, 01/26/09
- M.D., 02/04/09, 02/18/09, 03/16/09
- 03/06/09, 04/14/09, 05/11/09
- M.D., 04/08/09

### **PATIENT CLINICAL HISTORY:**

The records indicate that carpal tunnel surgery was recommended by M.D. A review of Dr. 's records indicates a request for a carpal tunnel release of the left hand. I have also reviewed a surgical request for a carpal tunnel release on the right side, as well.

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

It is my opinion that the denial of surgeries should be upheld. A review of Dr. 's medical records does not indicate that the ODG Guidelines are met for carpal tunnel surgery. The ODG Guidelines require, for a diagnosis of severe carpal tunnel syndrome, not only muscle atrophy, but two-point discrimination greater than 6 mm. This is not documented in any record that I reviewed.

For a diagnosis of mild-to-moderate carpal tunnel syndrome, the physical findings are again lacking. The ODG Guidelines require two of the following six findings: 1) Compression test; 2) Semmes-Weinstein monofilament test; 3) Phalen's sign; 4) Tinel's sign; 5) decreased two-point discrimination; and 6) mild thenar weakness. Two of these findings are not documented in Dr. 's request for surgery. Therefore, the appropriate diagnosis has not been documented by physical examination criteria and, therefore, the ODG Guidelines do not support the medical necessity of surgery.

**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)