

SENT VIA EMAIL OR FAX ON  
Jun/29/2009

## IRO Express Inc.

An Independent Review Organization

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**DATE OF REVIEW:**

Jun/19/2009

**IRO CASE #:**

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

Neuroplasty and/or transposition; median nerve at carpal tunnel

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

Board Certified Neurologist

**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**

OD Guidelines

Denial Letters 5/13/09, 5/18/09, and 6/4/09

MRloA 5/13/09, 5/18/09, and 6/3/09

Dr. 2/11/09 thru 4/29/09

EMG/NCV 4/17/09

**PATIENT CLINICAL HISTORY SUMMARY**

In xx-xxxx, Ms. hurt noticed pain in both wrists and fingers. She was diagnosed with carpal tunnel syndrome and had unsuccessful surgery on January 8, 2008 with no relief of symptoms but relief of carpal tunnel nerve compression per EMG of 4/17/2009. Tinel's sign was negative bilaterally on 2/11/09 and positive on 4/29/09. Examination does show weakness of left APB not confirmed on EMG. The wrists and palm are tender.

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

Why has this patient not improved after left carpal tunnel release and EMG documentation of improvement? There must be another factor causing her symptoms that have not been treated. Tenosynovitis and CRPS have been suggested as diagnoses. Other possibilities include rheumatoid or other inflammatory arthritis, sarcoidosis, or arteritis. Conservative treatment and further diagnostic testing are indicated by the ODG. The ODG does not recommend surgery in this clinical setting.

**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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)