

# US Resolutions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

Jun/22/2009

**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Carpal Tunnel Release Surgery, 64721

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

M.D., board certified in Orthopedic 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**

OD Guidelines

Determination Letters, 5/6/09, 4/23/09

Preauthorization Form, undated

MD, 4/18/09, 11/13/08, 10/2/08

, 4/16/09, 3/19/08

Dr, MD, 4/14/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who has had a diagnosis of carpal tunnel syndrome and underwent previous surgery and apparently had good relief except for worsening of the ring finger. Records indicate it is on the radial aspect of the ring finger where she has continued numbness. There is no pain or weakness. She is two years out from the previous carpal tunnel release. She wears a splint. Current recommendation is for carpal tunnel release.

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

Based upon the ODG Guidelines and the records provided for this review, this patient certainly does not meet the criteria required for carpal tunnel release. Records indicate this patient has mild or moderate carpal tunnel syndrome. Explanation is not given in the records as to why a formal gross carpal tunnel release once again is necessary. The patient does not satisfy the ODG criteria for this procedure. The reviewer finds that medical necessity does not exist for Carpal Tunnel Release Surgery, 64721.

**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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)