

Becket Systems

An Independent Review Organization
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DATE OF REVIEW:

May/30/2009

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

Neuroplasty and/or Transposition; Ulnar Nerve at Elbow (Left Ulnar Nerve Transposition, 64718)

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

M.D., Board Certified Orthopedic Surgeon

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

ODG Guidelines and Treatment Guidelines
Peer Reviews, 04/24/09, 04/29/09, 05/07/09
Office notes, Dr. 07/24/08, 09/10/08, 09/17/08, 04/22/09
Dr. letter, 04/27/09
X-ray cervical spine, 06/18/08, 07/24/08
Procedure, 08/13/08
EMG upper extremities and neck, 10/24/08
Office note, Dr., 08/20/08
Fax, undated

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a history of chronic neck pain. The records indicated that the claimant was status post three cervical fusions and bilateral rotator cuff repairs. A 07/24/08 physician record noted the claimant with constant neck pain radiating into the trapezius and down both arms associated with right hand numbness. A review of a cervical CT dated 03/06/08 revealed anterolisthesis at C3 on C4 with mild degenerative endplate spur formation and left sided foraminal stenosis. Cervical x-rays done on 07/24/08 showed healed C5-6-7 fusion and anterior plate and screw fixation at C4-5. Conservative treatment included medications and heat. A selective nerve root block performed on 08/13/08 reportedly provided fifty percent relief for several days and then the claimant developed increased left sided neck pain. An EMG of the bilateral upper extremity and neck dated 10/24/08 revealed left ulnar neuropathy at the elbow which was an interval change from a prior study done 03/20/07. The claimant continued to report left greater than right neck pain with bilateral hand weakness including dropping objects as well as numbness and tingling of bilateral hands. Bilateral shoulder pain was also reported. Treatment options were discussed. Due to

the continued symptoms with the left ulnar neuropathy at the elbow, a left ulnar nerve transposition was requested.

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

The requested ulnar nerve transposition now appears reasonable based on the information provided. The claimant has received conservative care. Records indicate treatment with anti-inflammatory medications and use of an elbow pad. The claimant has physical findings and electrodiagnostic studies representative of cubital tunnel syndrome. The surgery would be reasonable treatment for the claimant's objective findings that have failed to respond to conservative care. The claimant meets sufficient ODG criteria for the surgery requested. The reviewer finds that medical necessity exists for Neuroplasty and/or Transposition; Ulnar Nerve at Elbow (Left Ulnar Nerve Transposition, 64718).

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)