

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 10/07/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Concurrent physical therapy (3wk6) or eighteen sessions CPT: 97110, 97140, 97035, 97112

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Office notes
2. Office notes , M.D., Orthopedic Surgeon
3. Notes from , P.A.
4. Correspondence for denial letter
5. Computerized range of motion examination
6. MRI left elbow without contrast 11/21/06
7. MRI cervical spine without contrast 07/17/06
8. MRI left wrist without contrast 01/13/05
9. Pain management notes , M.D.
10. Designated Doctor Evaluation 06/27/08, , M.D.
11. Carpal tunnel release surgery 05/28/09
12. Ongoing treatment notes at
13. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant reportedly suffers from carpal tunnel syndrome with a date of injury that dates back to xx/xx/xx, work related.

The earliest medical record is an MRI of the left wrist without contrast on 01/13/05. This showed an 8 mm ganglion cyst along the dorsum of the trapezium kapitate articulation extending between the tendons of the 4th extensor compartment. Several non-specific, less than 4 mm cysts were within the carpal bones, most prominent with the kapitate.

MRI of the cervical spine was performed on 07/17/06. This showed minimal posterior annular bulging at 4-5 and 5-6 without significant canal stenosis.

MRI of the left elbow was obtained on 11/21/06 showing postoperative changes involving the soft tissue of the medial elbow. There was a 1x3 cm x 0.3 cm well demarked fluid collection in the medial soft tissues. Five (5) mm subluxation of the ulnar nerve at the medial humeral condyle. It was recommended to correlate for signs or symptoms of neuritis.

Designated Doctor Evaluation occurred on 06/27/08 by , M.D. At that time, it was noted the diagnosis was bilateral carpal tunnel syndrome, left cubital tunnel syndrome, status-post left ulnar nerve transposition, and status post left elbow epicondylitis. It was noted the claimant was currently functioning in a sedentary capacity if all restrictions were met. Function may improve after completing a pain management program.

Pain management evaluation follow-up visit occurred by , M.D. on 12/02/08. The claimant had undergone bilateral carpal tunnel injections at that time and had gotten some noted relief from them. She was also taking Fioricet which made her feel dizzy. She also had sensitivity to Darvocet. Further treatment, including a second carpal tunnel injection was recommended.

Office visits for treating doctor occurred with , D.C. from the 2008 timeframe to currently. Dr. appears to have tried multiple conservative treatment measures with no long-term success noted. Appropriate referrals appear to have been given based on the claimant's symptomatology

On 02/09/09, the claimant was referred to Dr. , orthopedic surgeon for evaluation of the bilateral carpal tunnels. At that time, it is noted that she was diagnosed with moderate to severe carpal tunnel syndrome previously. She complained of numbness in her hands, right greater than left, and is no longer working. Physical exam showed some thenar atrophy on the right and only slight on the left. Very positive Phelan's and Tinel's test and decreased 2 point discrimination along the long finger bilaterally. Decreased sensation in the little finger sensation on the left, but has 2 point discrimination bilaterally. Circulation was good. Adson's was negative in the upper extremities. Allen was normal with good blood flow. Some metacarpal bosses on the dorsum of her wrist. Diagnosis was bilateral carpal tunnel syndrome unresponsive to conservative care for almost 4 years now. The plan was to proceed with carpal tunnel release surgery.

On 05/28/09, the claimant was taken to the operating room for right sided carpal tunnel release surgery. There were no major perioperative complications noted. Prior to this surgical intervention on 04/15/09, additional office visit with Dr. occurred for evaluation

of her ongoing elbow pain. She was placed on Gabapentin for the elbow nerve pain. There was no plan to re-explore the nerve at that time.

Follow-up occurred on 06/08/09 with Dr. postoperatively. The plan was to start some physical therapy and follow-up in 6 weeks for a recheck.

Follow-up occurred on 07/20/09 with Dr. . At that time she was six weeks postoperatively. It was recommended that she needed more therapy and would return to Dr. for additional noted therapy. Follow-up in six weeks.

Follow-up occurred on 09/14/09. At that time, the claimant still had some pain from the area. It was mainly coming from the area of the ulnar nerve. She had good motor function in the median nerve. Ulnar nerve still showed a little bit of decrease and a little bit of intrinsic weakness in the right side. The scar was well-healing without much swelling. Exam showed Tinel's to be negative, scar well-healed. A little stiffness in her right wrist, but she has been wearing a wrist brace for quite awhile. Sensory exam showed good sensory function of the median nerve, decreased ulnar nerve. The plan was to let her right wrist heal and plan on doing a left carpal tunnel release.

The prior reviewers denied additional therapy as it was considered excessive and did not meet **Official Disability Guidelines** criteria.

Current **Official Disability Guidelines**, using the current online edition. Review included the section for carpal tunnel syndrome and the subsection for physical medicine treatment, postsurgical release. The current guidelines for open carpal tunnel surgery include three to eight visits over three to five weeks. It is recommended to allow for fading treatment frequency plus active self-directed home physical therapy.

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

Based on the clinical information presented in the medical record, as well as current guidelines outlined in the Official Disability Guidelines, online edition, section Carpal Tunnel Syndrome, subsection Physical Medicine Treatment, the request for additional physical therapy three times a week for six weeks does not fall within the guidelines as set forth in **Official Disability Guidelines** and is not indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines, Carpal Tunnel Chapter, Online Version**