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Notice of Independent Review Decision

DATE OF REVIEW: 09/14/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: OP RT wrist CMC arthroplasty w/ETCR

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

Texas Board Certified Hand Surgeon

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. Electrodiagnostic evaluation/EMG/NCV dated 04/07/09 by M.D.
2. MRI right wrist, Diagnostic Center, 04/14/09 by M.D.
3. Office consultation notes, M.D. 05/11/09 & 06/15/09
4. Letter dated 06/24/09 by M.D.
5. Insurance case review, M.D., Orthopedic Surgeon 06/22/09
6. Insurance case review, M.D., Orthopedic Surgeon 07/0/209
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

According to the records provided, this employee was a male who sustained injury to his right wrist on xx/xx/xx. The injury occurred when he was moving a 500 pound transformer. He heard a pop in his right wrist at the time of injury.

The employee was initially treated by Dr. in a clinic. He was treated conservatively with a brace and prescribed oral medications. Dr. obtained an MRI, ordered NCV/EMG tests, prescribed medications and therapy, and gave the employee a Corticosteroid

injection. The employee only obtained one week of pain relief after the injections. (No notes of Dr. were provided for review.)

On 04/07/09, the employee underwent a nerve conduction study by Dr. His findings indicated right greater than left sensory motor neuropathies involving the median nerve about the wrists.

On 04/14/09, the employee underwent a right wrist MRI scan. The radiologist's interpretation indicated essentially normal findings with no MRI evidence of synovial mass, edema, or synovitis within the carpal tunnel. Further, it was documented that there were no erosions of the osseous structures.

The employee was evaluated by M.D. on 05/11/09 on referral from Dr. Dr. 's note indicated the employee underwent right open carpal tunnel release approximately twenty-five years ago.

On physical examination, the employee was found to have tenderness at the trapezial metacarpal joint, and twenty-one other wrist locations. The employee also had an increase in two point discrimination on the right hand as compared to the left. No monofilament tests were provided. Plane films of the right wrist indicated CMC joint degeneration.

Dr. recommended a right trapezial metacarpal joint injection and a right carpal tunnel injection followed by four weeks of hand therapy.

On 06/15/09, Dr. indicated that his conservative recommendation during the precertification process was denied, and therefore, recommended a right thumb CMC interposition arthroplasty and a right endoscopic carpal tunnel release.

According to Dr. 's letter of 06/24/09, the request for surgery had been denied, and he wanted a decision made for conservative versus surgical treatment to be made.

In the review of the decision by Dr. on 06/22/09, he documents there was no peer-to-peer discussion with Dr. He felt that the conservative approach as recommended by Dr. would be integral to the employee's care before proceeding with surgery. Therefore, surgery was not indicated at that time.

In review of the decision by Dr. on 07/02/09 for reconsideration, the documentation demonstrated global decrease in wrist range of motion (41 degrees flexion, 48 degrees extension, 8 degrees radial deviation, and 24 degrees ulnar deviation), no documentation of severity of plane x-ray changes at the trapezial metacarpal joint, and essentially normal MRI findings with no mention of osseous erosions. Therefore, his opinion was for no surgical intervention.

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

According to the *Official Disability Guidelines*, failed carpal tunnel release accounts for only 4% of cases. Repeat carpal tunnel release is recommended by a fellowship-

trained hand surgeon. It is unclear from the records whether Dr. fits this description. Agreement with Dr. is made in this review that conservative treatment be attempted. Furthermore, standard training of fellowship hand surgeons strongly recommends against endoscopic carpal tunnel release after failed open carpal tunnel release secondary to an increase in the likelihood of median nerve damage.

In regard to the right thumb CMC arthroplasty request, according to the **Official Disability Guidelines**, the procedure has been proven efficacious with improved motion, strength, and pain relief for the treatment of Stage III or early Stage IV osteoarthritis in older patients with low activity demands. (Badia 2006). However, in this employee's work as an , moving 500 pound. transformers, his current position could not be characterized as "low demand". Further, there is no record in this review of what stage osteoarthritis this employee has at the thumb carpal metacarpal joint. Accordingly, the decision of Dr. on 07/02/09 is also upheld.

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
2. Thoma A, Veltri K, Haines T, Duku E. A systematic review of reviews comparing the effectiveness of endoscopic and open carpal tunnel decompression. *Plast Reconstr Surg.* 2004 Apr 1;113(4):1184-91.