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Notice of Independent Review Decision

DATE OF REVIEW: September 16, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral endoscopic carpal tunnel release; bilateral ulnar nerve decompression; possible medial epicondylectomy; left middle endoscopic trigger finger release; bilateral ring finger open trigger release; and right middle open trigger finger release to include CPT code # 64718, 64722, 26055, 26989, 25020, 29848.

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

Diplomate, American Board of Orthopaedic 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

Medical records from the Carrier include:

- , M.D., 05/05/09, 05/13/09, 06/12/09, 06/26/09, 07/10/09, 07/14/09
- Center, 05/05/09, 06/12/09, 07/21/09

- Center, 05/13/09
- Report, 05/22/09, 06/12/09, 07/21/09
- , O.T., 06/22/09, 06/25/09
- , 07/10/09, 07/28/09, 07/29/09, 08/12/09
- , M.D., 07/21/09, 08/07/09
- Orthopedics, 09/01/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- , M.D., 05/05/09, 05/13/09, 06/12/09, 06/26/09, 07/10/09, 07/14/09, 07/10/09
- , M.D., 05/13/09
- Center, 05/13/09
- , O.T., 05/22/09, 06/22/09, 06/25/09
- Occupational Therapy, 06/26/09
- Report, 07/21/09
- , M.D., 07/21/09
- Center, 07/21/09

Medical records from the Requestor/Provider include:

- , M.D., 05/05/09, 05/22/09, 06/12/09, 06/26/09, 07/10/09, 07/14/09
- Center, 05/13/09
- , M.D., 05/13/09
- , O.T., 06/22/09, 06/25/09
- , M.D., 07/21/09, 08/07/09, 08/28/09
- Center, 07/21/09
- , 09/01/09

PATIENT CLINICAL HISTORY:

The records indicate a date of injury of xx/xx/xx, and include diagnoses of bilateral carpal tunnel and bilateral cubital tunnel syndrome in addition to multiple trigger fingers.

Initial report provided is from Dr. and is dated xx/xx/xx, which is the date of injury. The history is that the patient had bilateral hand pain for seven years due to repetitive overuse at work. On physical examination Dr. noted multiple positive Tinel's signs with triggering of multiple fingers and provided diagnoses of trigger finger, carpal tunnel syndrome, cubital tunnel syndrome, and pronator syndrome. He recommended electrodiagnostic studies.

On May 13, 2009, the patient underwent electrodiagnostic studies. Dr. provided a diagnosis of left carpal tunnel entrapment with both motor and sensory involvement without mention of cubital tunnel syndrome or radiculopathy.

The patient returned to Dr. who subsequently recommended staged carpal tunnel and cubital tunnel surgery in addition to trigger finger releases.

A review was performed by Dr. Dr. recommended that the surgery not be approved because the clinical information did not meet practice guidelines for the surgery. The surgery was declined because there was insufficient documentation and failed conservative management. The trigger finger surgery was declined as there was no mention of the patient having had steroid injections. With respect to the cubital tunnel syndrome, there was no evidence that the patient had undergone strengthening exercises or used elbow pads and splints.

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

I have been asked to determine whether the denial of the surgery was appropriate. It is my opinion that the patient meets ODG criteria for staged right and left carpal tunnel releases. I am in agreement, however, with Dr. that the patient does not meet ODG Guidelines for surgery on the trigger fingers and cubital tunnel syndromes. There is no evidence of left cubital tunnel syndrome on the electrodiagnostic studies. There is no determination of the severity of the right cubital tunnel syndrome and there is no documentation that the patient has had appropriate conservative measures. Finally with respect to the trigger fingers, there is no evidence that the patient has undergone injections, which are suggested by ODG Guidelines.

Therefore, in summary the carpal tunnel surgery in both hands appears to be appropriate and supported by ODG. The other surgical procedures do not appear to meet clinical practice guidelines according to ODG.

Bilateral endoscopic carpal tunnel release; denial overturned;

Possible medial epicondylectomy (left cubital tunnel syndrome) – Denial upheld;

Left middle endoscopic trigger finger release – Denial upheld;

Bilateral ring finger open trigger release – Denial upheld;

Right middle open trigger finger release – Denial upheld.

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

- ACOEM- AMERICAN 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)**