

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right endoscopic carpal tunnel release

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

Doctor of Medicine (M.D.), American Board of Orthopaedic Surgery
Fellowship Trained in Hand 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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 2/8/10, 2/17/10

Letter from patient, 2/17/10

xxxx, 2/5/10, 2/18/10

xxxxx, 1/4/10, 12/22/09, 11/12/09, 7/28/09

Evaluations, 1/10/10, 1/19/10

DNS 10/23/09, 10/28/09, 11/20/09

Review of Medical History 1/19/10

3/26/09

xxxxx, 10/5/09, 11/18/09

PATIENT CLINICAL HISTORY SUMMARY

The records indicate this patient has clinical carpal tunnel syndrome bilaterally with a negative EMG. He has failed conservative therapy and only received temporary relief from a carpal tunnel steroid injection. He wears a wrist splint and takes Celebrex. The patient had not reached MMI as of 1/19/10. Two doctors have recommended surgery.

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

The submitted documentation satisfies the ODG criteria for carpal tunnel surgery. While electrodiagnostic study of 10/23/09 revealed no evidence of CTS, 10-15% of EMG / NCS studies are negative falsely for CTS. NCV dated 11/20/08 revealed moderate to mild carpal

tunnel, bilaterally. This patient had a short-term response to carpal tunnel injection and has failed adequate conservative care. Based on the clinical records reviewed, the ODG Guidelines, and the reviewer's medical judgment and clinical experience, the reviewer finds that medical necessity exists for right endoscopic carpal tunnel release.

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) Green's Operative Hand Surgery, Fifth Edition

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)