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Notice of Independent Review Decision

DATE OF REVIEW: 08/23/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Pronator tunnel release right; Carpal tunnel release right; Flexor synovectomy***reference #1014053.01***
64708, 64721, 25115

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

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

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. 06/30/09 - Clinical Note - DO
2. 06/30/09 - Radiographs Right Ankle
3. 06/30/09 - Radiographs Left Knee
4. 06/30/09 - Radiographs Right Knee
5. 06/30/09 - Radiographs Lower Spine
6. 07/03/09 - Clinical Note - DO
7. 07/03/09 - Radiographs Left Wrist
8. 07/03/09 - Radiographs Right Wrist
9. 07/09/09 - MRI Right Knee
10. 07/10/09 - Clinical Note - DO

11. 07/21/09 - Laboratory Results
12. 07/22/09 - Radiographs Chest
13. 07/24/09 - Clinical Note - DO
14. 07/27/09 - MRI Right Wrist
15. 07/29/09 - Clinical Note - DO
16. 08/05/09 - Clinical Note - DO
17. 08/11/09 - Clinical Note - MD
18. 08/17/09 - Electrodiagnostic Studies
19. 08/25/09 - Clinical Note - DO
20. 08/25/09 - Clinical Note - MD
21. 09/22/09 - Clinical Note - MD
22. 09/29/09 - Clinical Note - DO
23. 10/02/09 - Physical Medicine Note - DC
24. 10/12/09 - Physical Medicine Note - DC
25. 10/16/09 - Physical Medicine Note - DC
26. 10/20/09 - Clinical Note - MD
27. 10/21/09 - Clinical Note - DO
28. 10/21/09 - Physical Medicine Note - DC
29. 10/29/09 - Clinical Note - DO
30. 11/02/09 - Clinical Note - DO
31. 11/04/09 - Clinical Note - MD
32. 11/05/09 - Physical Medicine Note - DC
33. 11/12/09 - Clinical Note - DO
34. 11/25/09 - Clinical Note - MD
35. 11/25/09 - Physical Medicine Note - DC
36. 11/27/09 - Physical Medicine Note - DC
37. 12/03/09 - Clinical Note - DO
38. 12/04/09 - Physical Medicine Note - DC
39. 12/14/09 - Physical Medicine Note - DC
40. 12/17/09 - Clinical Note - DO
41. 12/22/09 - Clinical Note - DO
42. 01/15/10 - Clinical Note - DO
43. 01/27/10 - Clinical Note - MD
44. 02/01/10 - Letter - MD
45. 02/15/10 - Clinical Note - MD
46. 02/19/10 - Clinical Note - DO
47. 02/24/10 - Clinical Note - DO
48. 03/01/10 - Clinical Note - MD
49. 03/08/10 - Clinical Note - DO
50. 03/16/10 - Electrodiagnostic Studies
51. 03/18/10 - Clinical Note - DO
52. 03/24/10 - Clinical Note - MD
53. 03/31/10 - Clinical Note - MD
54. 05/12/10 - Clinical Note - MD
55. 05/25/10 - Required Medical Examination - MD
56. 06/23/10 - Clinical Note - MD

57. 07/12/10 - Clinical Note - MD
58. 07/12/10 - Letter - MD
59. 07/21/10 - Clinical Note - MD
60. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx when she fell in a stairway, injuring multiple body parts.

Radiographs of the right wrist performed 07/03/09 demonstrated no evidence of fracture, dislocation, or destructive lesion. The carpal bones and metacarpal bones show normal alignment. Radiographs of the left wrist performed 07/03/09 demonstrated no evidence of fracture, dislocation, or destructive lesion. The carpal bones and metacarpal bones showed normal alignment.

An MRI of the right wrist performed 07/27/09 demonstrated normal findings.

Electrodiagnostic studies performed 08/17/09 demonstrated mild right median mononeuropathy at the level of the wrist. There was no clear evidence of generalized peripheral neuropathy or proximal neural insult/radiculopathy.

The employee attended nine sessions of physical medicine from 10/02/09 to 12/14/09.

The employee saw Dr. on 11/25/09 with complaints of bilateral hand pain, tingling, and numbness. The note stated the employee underwent right knee meniscal surgery in August, 2009. Physical examination of the right wrist/hand revealed thenar tenderness and mild atrophy of the thenar muscles. There was mild hand swelling. Compression test was positive. Phalen's was positive. Examination of the left wrist/hand was within normal limits. The employee was recommended for surgical release of the right carpal tunnel. The employee was prescribed Mobic 15 mg.

The employee saw Dr. on 01/27/10. The employee complained of diffuse pain throughout the forearm, as well as in the thumb and the index and long fingers. The majority of her pain appeared to be at the base of the thumb and in thenar eminence. Physical examination revealed marked tenderness proximally in the flexor pollicis tendon as it traversed deep to the distal edge of the transverse carpal tunnel. Phalen's sign was negative, but the employee complained of tingling in the index and long fingers with testing. There was an

extremely tight flexor pronator muscle wad. Pressure on this area caused radiating pain into the distal wrist and into the thumbs. Resisted pronation aggravated the pain significantly. The employee was assessed with possible carpal tunnel syndrome. Dr. would review the employee's previous records and would formulate a plan.

The employee saw Dr. on 03/01/10. The employee reported pain in both forearms and hands, as well as the right radial extensor area. Physical examination revealed tenderness at the radial tunnel with clear cut radiation into the extensor aspect of the hand. There was moderate tenderness in both pronators, creating a radiating pain in to the bases of both thumbs. The employee was recommended for conservative treatment, to include electrodiagnostic studies and steroid injections to the carpal tunnel and pronator tunnel.

Electrodiagnostic Studies performed on 03/16/10 demonstrated borderline normal latencies with low normal conduction velocity studies in both median nerves. There were normal latencies with somewhat low normal conduction velocity studies in both ulnar and radial nerves. There was normal EMG in all muscles sampled in the right upper extremity without any active neuropathic or myopathic changes.

The employee saw Dr. on 03/31/10. Physical examination revealed a "rock-hard" muscle mass in the area of the pronator tunnel. There was significant radiating pain in to the carpal tunnel and into the hand. The employee received a steroid injection to the pronator tunnel. The employee was recommended for physical therapy for soft tissue manipulation and ultrasound.

The employee saw Dr. on 05/12/10. The employee reported no benefit from the carpal tunnel injection or the pronator tunnel injection. Physical examination revealed definite tenderness. The employee was given steroid injections to both the pronator tunnels and the carpal tunnels.

A Required Medical Examination (RME) was performed on 05/25/10. The employee complained of ongoing bilateral hand and wrist pain, greater on the right. The employee stated she had recently underwent ankle surgery. The employee reported right knee pain and she wore a brace. She complained of a constant aching pain in the left that increases with any type of activity or walking. The employee could not recall whether her hands or wrist were swollen after her initial injury. The employee reported pain mainly over both thenar regions with

an occasional tightness in the muscles by the elbow. Physical examination revealed no evidence of swelling in the bilateral hands. There was normal sensation and there was normal range of motion of the fingers. There was full range of motion of the bilateral wrists. Sensation of the forearm and upper arm was normal bilaterally. The employee reported tenderness to palpation over the soft tissues over the medial forearm just distal to the elbow bilaterally. There was swelling in the right knee over the medial inferior patellar region. There was pitting edema bilaterally in the lower legs. The note stated the bilateral knees and wrists did not require any additional treatment due to no abnormalities on physical examination.

The employee saw Dr. on 06/23/10. The employee reported no benefit from the steroid injections. Physical examination revealed a “rock-hard” proximal flexor pronator with radiating pain into the base of the thumb. Phalen’s test was positive. The employee was recommended for pronator release as well as carpal tunnel release.

The request for pronator tunnel release right, carpal tunnel release right, flexor synovectomy was denied by utilization review on 07/02/10 due to no evidence of carpal tunnel syndrome on the most recent EMG.

A note by Dr. dated 07/21/10 stated the employee was scheduled for surgery.

The request for pronator tunnel release right, carpal tunnel release right, flexor synovectomy was denied by utilization review on 07/22/10 due to no evidence of carpal tunnel syndrome on EMG and no relief from carpal tunnel injection.

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

Based on the clinical documentation provided for review the employee has complaints of pain right wrists and hand after falling down stairs.

The employee has normal findings on the most recent EMG/NCV study and did not respond to diagnostic injections and the carpal or pronator tunnel. Per guidelines, patients considering carpal tunnel release are recommended to have positive findings on electrodiagnostic studies. The clinical documentation indicates that the employee did not respond at all to diagnostic injections at the

carpal or pronator tunnel and EMG/NCV studies were negative for any type of peripheral neuropathy. There are also no indications that the employee underwent any injections to the flexor tendons which were not beneficial.

Given the lack of objective evidence to support symptomatic carpal tunnel syndrome or pronator tunnel entrapment, and minimal documentation of conservative care for flexor tendonitis; the request for a pronator tunnel release right, carpal tunnel release right, flexor synovectomy is not indicated as medically necessary.

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

Official Disability Guidelines, Online Version, Carpal Tunnel Syndrome and Forearm, Wrist, & Hand Chapters.