

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 2/8/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity open right carpal tunnel release and right elbow lateral epicondyle release with partial lateral epicondylectomy.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity open right carpal tunnel release and right elbow lateral epicondyle release with partial lateral epicondylectomy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Irving Sports Medicine

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from Irving Sports Medicine: Clinical Notes – 5/4/09-1/15/10, NCS/EMG

report – 6/12/09; TDI Benefit Review Conference Decision and Order – 12/8/09; MD DDE report – 8/10/09.

Records reviewed: Denial letters – 12/28/09 & 1/13/10; Surgery Pre-authorization form – 12/21/09, Reconsideration request – 1/6/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx. In the appeal letter dated 1/15/10 it was noted that the NCV's were normal on 6/12/09. The claimant was noted to have had a positive response to carpal tunnel injections and had also been treated with splints. The claimant had responded positively to a prior lateral epicondylitis injection treatment and had also been splinted. The exam findings included right lateral epicondyle tenderness and increased pain with wrist extension against resistance. Right wrist/hand findings included positive Phalen and Tinel's and a slightly weak thenar eminence with a subjective decreased sensation in the median nerve distribution. An open carpal tunnel release and open lateral epicondyle release was felt indicated for carpal tunnel syndrome and lateral epicondylitis, respectfully. Prior AP records were also reviewed and revealed elbow pain and painful wrist/hand numbness. The 6/12/09 dated EMG/NCV was unremarkable/normal. An 8/10/09 dated report was noted to reveal carpal tunnel syndrome and lateral epicondylitis as per a Dr.. The peer reviews revealed unclear modalities having been applied to the elbow and unclear EMG/NCV results regarding the wrist/hand.

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

The applicable ODG Guidelines reveal that electrodiagnostics must correlate with the symptoms and exam findings. That has not occurred in this case in which the EMG/NCV was normal. In addition, there was inadequate documentation of utilization and/or failure of other modalities (therapy) and any other injection attempts to treat the lateral epicondylitis. Therefore the procedures as proposed are non-supported as medically necessary at this time.

ODG Guidelines/References:

ODG Indications for Surgery □ -- Carpal Tunnel Release:

I. Severe CTS, requiring ALL of the following:

A. Symptoms/findings of severe CTS, requiring ALL of the following:

1. Muscle atrophy, severe weakness of thenar muscles
2. 2-point discrimination test > 6 mm

B. Positive electrodiagnostic testing

--- OR ---

II. Not severe CTS, requiring ALL of the following:

A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:

1. Abnormal Katz hand diagram scores
2. Nocturnal symptoms
3. Flick sign (shaking hand)

B. Findings by physical exam, requiring TWO of the following:

1. Compression test
2. Semmes-Weinstein monofilament test
3. Phalen sign
4. Tinel's sign
5. Decreased 2-point discrimination
6. Mild thenar weakness (thumb abduction)

C. Comorbidities: no current pregnancy

D. Initial conservative treatment, requiring THREE of the following:

1. Activity modification \geq 1 month
2. Night wrist splint \geq 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Home exercise training (provided by physician, healthcare provider or therapist)
5. Successful initial outcome from corticosteroid injection trial (optional).

See Injections. [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.]

E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results]

ODG re. Surgery for epicondylitis

Under study. Almost all patients respond to conservative measures and do not require surgical intervention. Treatment involves rest, ice, stretching, strengthening, and lower intensity to allow for maladaptive change. Any activity that hurts on extending or pronating the wrist should be avoided. With healing, strengthening exercises are recommended. Patients who are recalcitrant to six months of conservative therapy (including corticosteroid injections) may be candidates for surgery. There currently are no published controlled trials of surgery for lateral elbow pain. Without a control, it is impossible to draw conclusions about the value of surgery. Generally, surgical intervention may be considered when other treatment fails, but over 95% of patients with tennis elbow can be treated without surgery.

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)**