



REVIEWER'S REPORT

DATE OF REVIEW: 07/05/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right Endoscopic Carpal Tunnel Release

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Insurance company denial letters
2. Records from Beaumont bone and joint institute including notes from Dr. and notes from Dr. including a nerve conduction study. These notes range from 10/21/2009 to 6/22/2009.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has carpal tunnel syndrome related to a work injury. The patient has failed conservative management. The patient is not a candidate for steer injection. Nerve conduction study shows both motor and sensory involvement. The EMG is normal. Endoscopic carpal tunnel release has been denied by the insurance company as medically unnecessary due to the lack of documentation as per the insurance company.

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

The medical records provided to me adequately demonstrate a patient who has failed conservative management for carpal tunnel syndrome. The request for endoscopic carpal tunnel release meets the ODG guidelines for carpal tunnel release. The request is medically reasonable and necessary.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) OKU Spine