

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Carpal Tunnel Release and cubital tunnel release; anterior submuscular transposition of the ulna and release of the ulnar nerve in Guyon's canal, 64718, 64719, 64721, 64727

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

M.D., board certified in Orthopedic 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

Adverse Determination Letters, 11/16/09, 12/03/09

ODG Guidelines and Treatment Guidelines

Orthopaedic Associates 11/17/09, 11/3/09, 10/30/09, 9/29/09, 9/18/09, 8/21/09, 7/17/09, 10/15/09, 12/8/09

Open MRI 9/17/09

LMJ Imaging Services 3/17/09, 2/14/09

Job Description (no date)

M.D. 11/19/09, 2/10/09

Spine Pain Solutions 3/2/09, 3/17/09, 4/16/09, 4/30/09, 5/26/09, 6/11/09, 7/16/09, 9/29/09

Physical Therapy Progress Note 1/12/09 to 3/4/09

Chiropractic 3/7/09

LSMC 3/10/09, 4/3/09, 4/29/09, 6/11/09

The Podiatry Group 5/11/09, 7/6/09, 8/31/09, 9/28/09

M.D. 5/11/09

PHYSICAL THERAPY 6/1/09, 5/18/09, 6/5/09, 5/19/09, 5/27/09, 6/15/09, 6/10/09

Physical Therapy 7/28/09, 8/12/09, 8/14/09, 8/17/09, 8/19/09, 8/21/09, 9/8/09, 9/11/09, 9/16/09, 9/21/09, 9/24/09, 10/1/09, 10/5/09

Disability Evaluating Center, INC. 8/13/09

M.D. 12/3/09, 7/10/09

Review MED 7/1/09

Note from Patient to IRO with additional records, 1/5/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who was injured on xx/xx/xx. She apparently fell, injuring her back

and ankle. There were initially some complaints of wrist pain. This resolved during the beginning of 2009, according to the records of Dr. and toward the end of 2009 in December, some complaints of wrist pain returned. There has been an EMG/nerve conduction study showing bilateral ulnar neuropathy as well as bilateral carpal tunnel syndrome. The tardy ulnar palsy is stated to be at the level of the wrist. Current request is for carpal Tunnel Release and cubital tunnel release; anterior submuscular transposition of the ulna and release of the ulnar nerve in Guyon's canal, 64718, 64719, 64721, 64727.

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

This is a patient who, according to the records of Dr. and others, but specifically his records as he has done the most complete neurological examination, has 5 mm two-point discrimination and a normal sensation and motor examination. Around December 2008, the patient has some complaints of wrist pain, and there is a note from the requesting physician that this patient has numbness into the index and ring fingers of the target hand. The vast majority of the treatment has been directed toward her low back and the ankle that were injured in this same accident. Based upon the physical examination presented by the requesting physician, there is some positive Tinel's sign and Phalen's at the carpal tunnel on the target wrist but no evidence of documented neurological deficit. The patient does, however, have a positive EMG/nerve conduction study at the elbow and does have complaints of radial and ring finger numbness. However, for the carpal tunnel as the treating physician has noted, there are no clinical findings that would support the diagnosis of clinically symptomatic carpal tunnel, and as to the opposite elbow where the ulnar nerve is also said to be entrapped based on the EMG/nerve conduction studies, there is no evidence that this is clinically symptomatic, either. There is no evidence from the EMG/NCV nor the clinical examination that the carpal tunnel at the wrist or the Guyon's canal at the wrist is affecting or contributing to the ulnar neuropathy. It is for this reason that this request does not conform to Official Disability Guidelines and Treatment Guidelines, which are statutorily mandated in the State of Texas, and the requesting physician has not submitted any information which would permit this reviewer to set aside those guidelines. In the absence of such information, this reviewer has no alternative but to uphold the previous adverse determination. The reviewer finds that medical necessity does not exist for Carpal Tunnel Release and cubital tunnel release; anterior submuscular transposition of the ulna and release of the ulnar nerve in Guyon's canal, 64718, 64719, 64721, 64727.

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