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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Brown endoscopic carpal tunnel release (29848), decompression volar forearm fasciotomy (25020), lateral tennis elbow (24357), arthrotomy elbow/synovectomy (24102), shock wave (28890) with platelet injection, DeQuervain's release (25000), synovectomy extensor tendon sheath (25118)

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

Workers' Comp Services, Notification of Determination, 1/22/10

Workers' Comp Services, Reconsideration Letter, 2/5/10

M.D. 2/9/10, 12/23/09, 12/31/09, 11/2/09, 1/6/10, 1/13/10

Physical Therapy 12/3/09

M.D. 12/31/09

Diagnostic Solutions 8/26/09

Orthopedics 10/13/09

Lab 12/28/09

ODG, Carpal Tunnel Syndrome Chapter, ODG Indications for Surgery

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who is with complaints of nighttime tingling in the digits. The patient has had splints and nonsteroidal anti-inflammatory medication and does not appear to have had injection into the carpal tunnel. The patient had a previous left-sided endoscopic carpal tunnel release, lateral tennis elbow release, and de Quervain's tenosynovitis release. Current request is for right-sided carpal tunnel release, decompressive volar forearm fasciotomy, lateral tennis elbow, arthrotomy, elbow synovectomy, shock wave treatment with platelet injection, de Quervain's release, and synovectomy of extensor tendon sheath.

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

The treatment of platelet injection and shockwave therapy are currently still considered experimental by the Official Disability Guidelines and Treatment Guidelines. Use of a decompression forearm fasciotomy, if it is the same 4-mm incision into the forearm fascia that

was performed on the left-hand side, does not constitute a fasciotomy and is not the recognized treatment for carpal tunnel release. This patient's EMG/nerve conduction study apparently does show some findings compatible with carpal tunnel syndrome, and the patient is said to have thenar atrophy. While the patient may well be a candidate for a carpal tunnel release, the surgical procedure being requested is not as a whole supported by the current Official Disability Guidelines and Treatment Guidelines. It is for this reason the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for Right Brown endoscopic carpal tunnel release (29848), decompression volar forearm fasciotomy (25020), lateral tennis elbow (24357), arthrotomy elbow/synovectomy (24102), shock wave (28890) with platelet injection, DeQuervain's release (25000), synovectomy extensor tendon sheath (25118).

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 KNOWLEDGBASE

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)