

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64721 Carpal Tunnel Release Right Wrist/Hand; 64727 Decompression Medial & Ulnar Nerves Right Wrist/Hand; 64727 Modifier 59-Decompression Medial and Ulnar Nerves Right Wrist/Hand; 25105 Synovectomy Right Wrist/Hand; 64719 Revise Ulnar Nerves Right Wrist/Hand

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

Board Certified in Orthopaedic Surgery
Specialist in Hand 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

ODG-TWC Treatment Guidelines

Novare, 8/11/10, 8/17/10

Articles, 27 Pages

Hospital 4/23/09

Division 5/12/09

Care now 4/30/09 to 6/11/09

Imaging 5/15/09

M.D. 5/27/09

Chiropractic 6/19/09

M.D. 6/22/09 to 3/1/10

PPE 7/1/09

PT reports 7/1/09 to 8/12/10

Healthcare 7/24/09 to 6/7/10

DTI 7/29/09

8/14/09

Imaging 8/20/09

M.D. 9/29/09

Medical Center 2/11/10

AOSM 3/25/10

Total Pain 5/5/10 to 6/6/10

M.D. 6/28/10

Behavioral Health 8/4/10

Neurotherapy Center no date

PATIENT CLINICAL HISTORY SUMMARY

This patient has a complex history of upper extremity dysfunction after a crush injury. A toolbox fell on the right upper extremity while she was at work. The patient evidently

developed complex regional pain syndrome that was treated conservatively.

The patient was being followed by a pain management specialist as well as a hand surgeon. The complex regional pain syndrome has now stabilized and the patient continues to have painful dysesthesias in the upper extremity. Nerve conduction studies show compression of the median nerve and ulnar nerve at the wrist. Clinically, the hand surgeon documents atrophy in the hand. However, the EMG does not show any evidence of intrinsic muscle disorder. The hand surgeon is requesting carpal tunnel release, Guyon's canal release, hand and wrist synovectomy, and an internal neurolysis of the median and ulnar nerves. The request has been denied by the insurance company as medically unnecessary.

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

After reviewing this rather complex case, it would seem that while this patient may benefit from median and ulnar nerve decompression at the wrist, there is no indication or rationale from the hand surgeon as to why an internal neurolysis of the median and ulnar nerves would be medically necessary. For this reason, I do not feel that the current surgical recommendation is medically necessary. This complex case does not adequately fit into the standard ODG criteria. The reviewer finds that medical necessity does not exist for 64721 Carpal Tunnel Release Right Wrist/Hand; 64727 Decompression Medial & Ulnar Nerves Right Wrist/Hand; 64727 Modifier 59-Decompression Medial and Ulnar Nerves Right Wrist/Hand; 25105 Synovectomy Right Wrist/Hand; 64719 Revise Ulnar Nerves Right Wrist/Hand.

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: OKU Hand

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