

Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 24, 2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of left endoscopic carpal tunnel release (CPT 29848)

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

The physician performing this review is a Board Certified Orthopedic Surgeon. He has been in active practice since 1994. He is a member of his local, state, and national medical societies. He is licensed in the states of Texas, Connecticut and Pennsylvania.

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The documentation does not satisfy the Official Disability Guidelines for left endoscopic carpal tunnel release. Clarification of the deficiencies would be needed. Isolated records provided do not satisfy the guidelines for medical necessity.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records Received: 17 page fax received 8/13/2010 Texas Department of Insurance IRO Request, 88 page fax received 8/16/2010 from URA documents included: IRO Request form from the patient, IRO assignment by TDI, Request for IRO from URA – TDI Case #29333, Initial denial documents (request-denial letter-peerreports), Appeal denial documents (request-denial letter-peerreports), ODG Guidelines, Other medical reports/documents.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male claimant who reported the development of left hand palm pain and numbness on xx/xx/xx after pulling a chain. A left dorsal wrist ganglion and left carpal tunnel syndrome were diagnosed. A left wrist x-ray and left wrist MRI performed on 05/21/10 showed no contusion or ligamentous tendinous rupture. A physician evaluation dated 06/11/10 revealed the claimant with left wrist pain worse with lifting activities and taking NSAIDs. An examination revealed a small mass at the dorsal radial wrist, limited swelling and decreased grip strength on the left. The impression was left carpal tunnel syndrome and left dorsal wrist ganglion. Conservative treatments included physical therapy and a left carpal tunnel night splint. A follow up physician record dated 07/20/10 noted the claimant with some improvement of left hand tingling and pain after therapy. Review of an EMG/NCS (electromyography and nerve conduction studies) dated 07/20/10 showed

profoundly severe median nerve compression. A left carpal tunnel cortisone injection was given and the claimant was advised to continue therapy. A left endoscopic carpal tunnel release was recommended. A physician addendum dated 08/12/10 noted the claimant with some minor relief following left wrist injection with continued moderate to severe symptoms.

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

The electrodiagnostics in this case would certainly appear more consistent with carpal tunnel syndrome. A night splint was recommended in June of 2010 but does not appear to have been helpful. The injection of July 2010 brought about minor relief, but symptoms continued.

In all likelihood, this patient would be a good candidate for carpal tunnel release. However, the documentation does not appear to include traditional provocative maneuvers. Thenar atrophy has not been documented. There does not appear to be documentation of 2 point discrimination or any other fine sensation testing. It does appear that the injection has failed. It does not appear that there has been activity modification. It is unclear how long night splintage was undertaken. It would appear that anti-inflammatory medications have failed.

As outlined above, in all likelihood this patient is a candidate for carpal tunnel release. However, the documentation does not clearly satisfy the Official Disability Guidelines. Clarification of the deficiencies outlined above would be needed prior to further consideration. Isolated records provided do not satisfy the guidelines for medical necessity, however.

**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)

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Carpal Tunnel Syndrome : Carpal tunnel release surgery (CTR)

Recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS, unless symptoms persist after conservative treatment

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.]

[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] ([Hagebeuk, 2004](#))

Endoscopic surgery: Recommended as an optional surgical technique

Milliman Care Guidelines. Inpatient and Surgical Care 14<sup>th</sup> Edition.

29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament