

# Core 400 LLC

An Independent Review Organization  
7000 N. Mopac Expressway, Second Floor  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/22/2011

**IRO CASE #:**

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

Left open carpal tunnel release with tenoglide and neurowrap, left tenosynovitis (64721, 25115)

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

M.D., Board Certified Orthopedic Surgeon

**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**

Official Disability Guidelines  
Adverse Determination Letters, 06/10/11, 06/21/11  
Clinical records Dr. 12/16/09-06/27/11  
Utilization review determination 07/18/11  
Clinical records Dr. 05/26/11  
Utilization review determination 07/14/11  
Utilization review determination 07/21/11  
EMG/NCV study 07/16/09

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female who is reported to have date of injury of xx/xx/xx. Records indicate the claimant has history of three previous carpal tunnel releases with continued symptoms. She is noted to have history of cubital tunnel release with continued pain in the ulnar nerve distribution. The most recent clinical records indicate the claimant has continued pain all the time in left and right hands. She would like the left hand addressed and right can be done at later time. She has tried NSAIDs and splints without help. She continues to have night symptoms with flicking of the hands. She has hand weakness and dropping of objects. Current medications include Talwin 30 mg, Paxil 20 mg, Seroquel XR and Synthroid. On physical examination she has positive nerve compression test of left hand. Upper extremity has positive Tinel's at wrist, positive Durkan's compression test, positive Phalen's, severe thenar atrophy, severe hand atrophy. She has diffuse tenderness, abnormal sensation, and severe scarring of palm and hand from previous surgeries. She has decreased grip strength, negative Finkelstein's bilaterally, no first extensor compartment tenderness, no intersection tenderness, no tenderness over the ECU or sixth dorsal compartment, no tenderness over the FCU or elbow, negative Cozen's, she has good range of motion at the elbows and

strength is graded as 5/5. She is reported to have clinical evidence of recurrent carpal tunnel syndrome and forearm compression of the median nerve. She subsequently is recommended to undergo a brown endoscopic carpal tunnel release/open carpal tunnel release. Treatment alternatives were discussed which included activity modification physical therapy splint braces oral steroids open surgery versus endoscopic surgery. On 06/10/11 the request was reviewed by Dr. who notes that this is a complex claimant who has had multiple surgeries for the carpal tunnel as well as thoracic outlet syndrome. She is reported to have loss of fat per Dr. note there have been no trial injections to assess the possible benefit of the proposed surgery. Electrodiagnostic studies showed only mild latency deficient sensory conducting conduction and notes there is no findings of tenosynovitis on physical examination and subsequently recommends non-certification. The appeal was reviewed on 06/21/11 by Dr.. A peer to peer was conducted. The claimant has had several surgeries to her hand and has a lot of scar tissue. Peer to peer discussion reveals that she is refusing an EMG and that the treating provider does not feel comfortable conducting the surgery at this time and is withdrawing the request.

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

This patient has undergone at least three separate open carpal tunnel releases and continues to have symptoms despite operative intervention. There is no evidence that she has exhausted conservative care in the interval period. The treating surgeon is said to have withdrawn his initial request for this surgery and is reported to have been uncomfortable in the performance of this procedure. There is no data to suggest that this claimant will benefit from a fourth carpal tunnel release and further there would be no indication that the claimant would benefit from an endoscopic procedure given the amount of scar tissue believed to be in the carpal tunnel. The reviewer finds there is no medical necessity for Left open carpal tunnel release with tenoglide and neurowrap, left tenosynovitis (64721, 25115).

#### **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)