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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed RT endoscopic CTR, DeQuervains release

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	RT endoscopic CTR, DeQuervains release		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 24 pages of records received to include but not limited to: letter 11.22.11, 11.30.11; letters 8.16.11, 9.7.11; Rehabilitation and Pain Center reports 7.21.11-7.29.11

Requestor records- a total of 7 pages of records received to include but not limited to: Center note 6.29.11;_Rehabilitation and Pain Center reports 7.21.11-7.29.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented for review begin with the letter of non-certification for the endoscopic release of the entrapment neuropathy. There was a lack of medical records to support the request. It was noted that the date of injury was xx/xx/xx. Approximately six weeks later electrodiagnostic assessment indicated a mild carpal tunnel syndrome. A course of physical therapy had been undertaken. There was some tenderness to palpation and physical examination findings consistent with a de Quervain's tenosynovitis.

The June 29, 2011 progress notes of Dr. noted a one week history of right hand and thumb pain. The symptoms were reportedly related to computer work. A one week course of physical therapy did not improve the symptoms. This 5'3" 240 lb lady was noted to have a positive Durkan's test and decrease in pinch and grip. The assessment was carpal tunnel syndrome, de Quervain's tenosynovitis and arthritis. Surgical intervention was suggested.

The July 29, 2011 NCS (nerve conduction Study) noted changes to the right median and ulnar nerves, barely beyond normal threshold. EMG testing reported no evidence of electrical instability.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, Carpal tunnel syndrome seems to be primarily attributable to CTS-prone personal characteristics (e.g., obesity, diabetes, female, smoking), but symptoms may be associated with workplace activities. (Melhorn, 2008) (Lozano-Calderon, 2008) Some controversy continues about whether computer work is a risk factor for CTS, with current opinion that the keyboard is low risk. The noted evidence based medicine best practices would include prescribe modification of activity (home & work), breaks, stretching, night splint and possibly day splint, appropriate analgesia (i.e., acetaminophen), stay at work or return to work -- modified duty if condition associated with job, possible ergonomic evaluation of job, patient education. None of these conservative measures have been undertaken. Thus when noting that the NCS findings are so terribly marginal, the physical examination findings are minimal, and with the noted co-morbidities, the inclination for a surgical intervention are not supported based on the records presented. Add to this the literature that indicates that this malady is not a function of the reported mechanism of injury, there is no clinical data presented that this request could be considered health care reasonably required to address the sequale of the compensable event at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES