

SENT VIA EMAIL OR FAX ON
Jul/06/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Brown Endoscopic Carpal Tunnel, Left Pronator Release

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

MD board certified 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

OD Guidelines

1. Pre-authorization determination 04/19/11 denial left brown endoscopic carpal tunnel, left pronator release
2. Pre-authorization determination 05/26/11 appeal denied left brown endoscopic carpal tunnel, left pronator release
3. Progress notes Dr. 02/01/11 through 06/07/11
4. Letter of medical necessity Dr. 05/11/11
5. Electrodiagnostic findings 03/29/11
6. Electromyography/nerve conduction study 01/07/11
7. Surgery scheduling forms 03/29/11
8. Pre-authorization request 04/07/11 and 05/17/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. She reports pain in the bilateral hands and wrists with numbness and tingling in the thumb, index and long fingers

right much worse than the left. The injured employee also complains of forearm pain that radiates from the wrist to the forearm. Electrodiagnostic testing performed revealed severe carpal tunnel syndrome on the right; no evidence of carpal tunnel syndrome on the left; no evidence of ulnar neuropathy or polyneuropathy in the upper extremities; no evidence of active cervical radiculopathy. The injured employee is noted to have a history of cervical decompression and fusion. On examination she is reported to be 5'7" and 277 pounds. Hand examination reported positive Phalen's bilaterally. Tinel's was positive at the right wrist and left elbow. Carpal compression test was positive on the right. There was no thenar atrophy. Finklestein test was negative bilaterally. There was severe tenderness with paresthesias to the palm, increased numbness and tingling to the fingers with pronation and supination. Assessment was carpal tunnel syndrome right sided severe, pronator teres syndrome right side.

A request for left brown endoscopic carpal tunnel, left pronator release was reviewed and denied on 04/19/11. Reviewer noted that the injured employee has had two EMG/NCV studies. The first did not show any left sided carpal tunnel syndrome and only right carpal tunnel syndrome. Clinical examination on 02/01/11 reported left hand to have dysesthesia to the ulnar two digits. Right elbow conduction for median nerve was only marginally decreased compared to normal. The left median nerve conduction at the elbow was normal. The need for both the left carpal tunnel release and left pronator release was not validated by records and variation in findings. There was no discussion of any injection therapy as diagnostic or confirmatory intervention. Two point discrimination sensation was not reported. Therefore, the request as submitted was not approved.

An appeal request was reviewed on 05/26/11 and again was denied. Reviewer noted that the submitted clinical records provide no data to establish that the claimant has undergone an appropriate course of conservative treatment for her presumed diagnosis. There was no indication that the claimant has undergone bracing, been treated with anti-inflammatories or corticosteroid injections. There was no indication the claimant has undergone any form of physical therapy, activity modification or other acceptable treatments to warrant the performance of the surgical procedures. It was further noted that endoscopic releases have a high rate of failure requiring repeat operative interventions and should surgery be entertained open procedures are recommended or should surgery be approved at some point open procedures are recommended.

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

Based on the clinical information provided, medical necessity is not established for Left brown endoscopic carpal tunnel, left pronator release. The injured employee reportedly was injured on xx/xx xx. The records reflect that she reported for more than a year she has been having pain in bilateral hand and wrist with numbness and tingling. She also complains of forearm pain that radiates from wrist to forearm. She describes her pain as sharp shooting type pain exacerbated by prolonged keyboard or lifting activities. EMG/NCV performed on xx/xx/xx revealed severe carpal tunnel syndrome on right with no evidence of left carpal tunnel syndrome. Repeat testing on 03/29/11 revealed severe right carpal tunnel syndrome. There was evidence of left carpal tunnel entrapment predominately sensory involvement. There was evidence of bilateral pronator teres entrapment of median nerve proximal forearm. Progress notes from Dr. indicate the injured employee has done splinting in the past and anti-inflammatories with no relief. The injured employee is also reported to have tried home therapy without benefit. There is no documentation of conservative treatment for pronator teres syndrome. On physical examination there was no two point discrimination testing reported. It does not appear the claimant has had any injection therapy. It also is noted that endoscopic releases have a high rate of failure with incomplete release and require repeat surgical intervention. Given the current clinical data, medical necessity is not established.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES