AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JULY 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

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

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

April 5, 2011: Ms. was examined by Dr. MD, who assessed her to have carpal tunnel syndrome and pronator teres syndrome. He noted in his plan for treatment that "due to severity of symptoms and weakness of bilateral hands and wrists, I am concerned for worsening of CTS but likely for presence of pronator teres syndrome (compression of median nerve in upper arm) would request EMG immediately. I will start on OT and Medrol dose pack."

April 28, 2011: Ms. started therapy at Pain Center. The impression on the preliminary report was "mild-moderate bilateral CTS- primarily sensory and right

pronator possible left pronator." Ms. was examined by Dr.. He noted that she primarily had pronator teres syndrome. She was given multiple CTR in past EMG findings of CTS can be questionable; however, findings of pronator teres syndrome are unequivocal and also have strong clinical correlation. He performed an endoscopy, assisting pronator teres release on left then right.

May 23, 2011: A pre-authorization letter was submitted by Dr., D.O. who denied medical necessity for surgery for the pronator teres syndrome on the right side. He noted, "It was not clear specifically as to what outcome was achieved from the previous conservative measures for the pronator teres condition on the right side including what specific outcome was achieved from previous occupational therapy treatment and whether the patient has been properly instructed in doing a home exercise program daily. Also, it is still not clear as to whether the patient's symptoms are due to the carpal tunnel findings versus the pronator syndrome as both conditions can overlap with their symptoms and with both diagnoses occurring, it is not clear specifically as to where the main pain generator is occurring at this point." He also noted, "It is also not clear as to whether the patient has any other pain behaviors occurring as there was mention that the patient had previous bilateral carpal tunnel surgery in the past and yet still continues to have the persistent upper extremity pain and it is also questionable as to whether the patient will actually be an appropriate candidate for surgery at this point particularly with the previous surgery that have already been done in the past and history of the chronic pain condition occurring as well."

June 6, 2011: A peer review was done by Dr. M.D. He addressed the question, "Is OP endoscopic right hand pronator decompression and internal neurolysis medically necessary?" Dr. responded, "The OP endoscopic right hand pronator decompression and internal neurolysis is not medically necessary because the submitted documentation does not fully provide evidence that there was a comprehensive trial and failure of a reasonable amount of non-operative treatment. Records of treatment with medications, and/or splinting, and/or therapy along with the claimant's response to same, have not been provided. Finally, applicable ODG criteria reveal that a release of the pronator is deemed "under study." Therefore, the OP endoscopic right hand pronator decompression and internal neurolysis is not medically necessary." Dr. included an addendum because the AP was contacted. He noted, "I spoke with the AP on 6/8/11 and we discussed the case. The AP felt there was a tight band across the nerve that warranted surgery. I advised the AP the further short term therapy to possibly decrease the inflammation was indicated and if this was ineffective that surgery would likely be appropriate. I gave him the recommendation. My determination did not change."

PATIENT CLINICAL HISTORY:

The claimant is a female complaining of right upper extremity pain.

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

The previous decisions are upheld. There is no documentation of the following tests: 2-point discrimination, Phalen sign, Tinel's sign, and Compression test. Furthermore, there is no documentation of atrophy measurements in the physical examinations provided for review. Based on the ODG the claimant's condition does not meet the criteria for surgical intervention at this time.

ODG:

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 >= 1 month
2. Night wrist splint >= 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.]

E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] (Hagebeuk, 2004)

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)**