

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** March 11, 2011

**IRO CASE #:**

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

Left elbow Anterior sub-muscular Transposition as outpatient 64718 and left wrist Carpal Tunnel Release as outpatient 64721

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

MD, Board Certified in Orthopaedic Surgery  
Specialist in Hand 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)

The reviewer finds there is medical necessity for Left elbow Anterior sub-muscular Transposition as outpatient 64718.

The reviewer finds there is not medical necessity at this time for left wrist Carpal Tunnel Release as outpatient 64721.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Denial Letters, 1/12/11, 2/8/11  
Chart notes 1/6/11, 1/25/11  
Imaging 12/28/10 to 12/30/10  
M.D., 12/23/10  
Official Disability Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY SUMMARY**

The patient suffers from ulnar nerve compression at the elbow and median nerve compression at the wrist. He has had a previous ulnar nerve procedure but continues to be symptomatic. Physical exam confirms ulnar and median nerve compression at the elbow and wrist. EMG is positive. The patient has not responded well to lower levels of care. The patient has not had a carpal tunnel injection and a trial of night splinting was not documented in the records submitted for review.

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

The medical records do not reflect a full course of conservative care for the carpal tunnel syndrome. Therefore, the patient does not meet the ODG criteria for carpal tunnel release.

However, a submuscular, revision ulnar nerve transposition is indicated in this patient's circumstance. Based on the submitted records, the reviewer finds there is medical necessity for Left elbow Anterior sub-muscular Transposition as outpatient 64718. The reviewer finds there is not medical necessity at this time for left wrist Carpal Tunnel Release as outpatient 64721.

**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 -- GREEN'S OPERATIVE HAND SURGERY

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)