

US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail, Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right carpal tunnel release

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

MD, Board Certified in Orthopaedic Surgery
American Board of Orthopedic Surgery
Fellowship Trained 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1/18/11, 2/3/11

M.D. 3/8/10-10/11/10

Imaging 8/20/10

DTI 3/24/10

M.D. 5/6/10

Associates 8/25/09

M.D. 8/11/10-1/3/11

MRI 12/16/10 to 12/23/10

Healthcase & Rehabilitation 6/4/10-12/9/10

Physical Performance Exam 3/10/10

Medical Center 11/22/10

Official Disability Guidelines and Treatment Guidelines, Chapter: Carpal Tunnel Syndrome, CTR

PATIENT CLINICAL HISTORY SUMMARY

The patient has clinical evidence of carpal tunnel syndrome that was caused by wrist trauma and an excessively tight cast. The patient has not responded to conservative care including splinting, OT, and an injection. EMG is equivocal. The patient also appears to have an ulnar-sided wrist injury.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The ODG recommends carpal tunnel release surgery after an accurate diagnosis of moderate or severe CTS. The exam notes show this patient has clinical evidence of carpal tunnel syndrome that was caused by wrist trauma and an excessively tight cast. The patient has not responded to conservative care including splinting, OT, and an injection. The request for right carpal tunnel release is medically necessary based on the medical documentation.

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, FIFTH EDITION

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