

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left carpal tunnel release surgery

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

MD, Board Certified Orthopedic Surgeon

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

Official Disability Guidelines

Utilization review determination 03/25/11 regarding non-certification of appeal request left carpal tunnel release

Utilization review determination 02/21/11 regarding non-certification of request left carpal tunnel release

SOAP reports, M.D. 11/06/09, 04/09/10, 06/03/10, 10/19/10, 11/09/10, 11/16/10, 12/23/10, and 03/09/11

Operative report 11/04/10 right carpal tunnel release

Appeal letter 03/16/11 regarding denial of left carpal tunnel release

EMG/NCV 04/29/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female injured in xx/xxxx. The injured employee reported bilateral wrist pain secondary to keyboarding activities at work. Records indicate she has a remote history of bilateral carpal tunnel releases and bilateral ulnar nerve transpositions performed in 1993 with minimal improvement. Electrodiagnostic testing performed 04/29/10 reported left greater than right C6 cervical radiculopathy with possible myelopathy; no NCV evidence of median nerve entrapments; no NCV evidence of ulnar nerve entrapments; no NCV evidence of generalized peripheral neuropathy, plexopathy or entrapments. The injured employee was treated conservatively with activity modification / work restrictions, bilateral wrist splints and Naprosyn. The injured employee is status post right carpal tunnel release performed 11/04/10. SOAP postoperative notes dated 12/23/10 indicated the right wrist improved postoperative; left wrist / hand persistent carpal tunnel syndrome symptoms. The injured employee reports she wakes up with paresthesias including numbness and tingling and electricity feeling at morning time in left wrist/hand. She states excellent outcome with right wrist surgery and would like to request left wrist surgery. She has pain plus decreased strength with grip. She is taking Ibuprofen 800 mg.

A request for left carpal tunnel release was reviewed on 02/21/11 by Dr. who determined the request to be non-certified as medically necessary. Dr. noted that it was important to note the most recent electrodiagnostic studies did not confirm carpal tunnel syndrome. Although there were complaints and findings of Tinel's and Phalen's maneuvers, guidelines require positive electrodiagnostic test. As such, guidelines are not satisfied for medical necessity. A reconsideration / appeal request for left carpal tunnel release was reviewed on 03/25/11 by Dr. who determined the

request was not considered medically necessary or appropriate based on records provided.

Dr. noted that per ODG guidelines indications for carpal tunnel release, not severe in nature, require all of the following: 1) symptoms requiring two of the following, abnormal Katz hand diagram scores, nocturnal symptoms or flick sign and shaking the hand out at night. In this case there was no documentation provided of abnormal Katz hand diagram score, nocturnal symptoms or a flick sign; 2) there should be findings present by physical examination requiring two of the following, positive Durkan's carpal tunnel compression test, abnormalities with Semmos-Weinstein monofilament testing, Phalen's sign, Tinel's sign, decreased two point discrimination or thenar weakness. In this case there is positive Phalen's and positive Durkan's carpal tunnel compression test documented, as well as atrophy of thenar eminence; 3) lastly there should be initial conservative treatment requiring 3 of the following: either activity modification greater than one month, nighttime splinting greater than one month, nonprescription analgesics, home exercise program, and successful outcome from corticosteroid injection trial. In this case there was documentation of medications, activity modifications, home exercise program, and bracing. Lastly, there should be positive electrodiagnostic testing present. In this case, EMG/NCV performed on 04/29/11 revealed only C6 cervical radiculopathy with no evidence of median or ulnar nerve entrapment. As such, the proposed surgery was not considered medically necessary or appropriate.

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

The injured employee reportedly sustained repetitive motion injury in xx/xxxx secondary to routine keyboarding at work. The injured employee has a remote history of previous bilateral carpal tunnel releases and ulnar nerve transpositions performed in 1993 with minimal improvement. The most recent electrodiagnostic studies performed reported evidence of left greater than right C6 cervical radiculopathy with no electrodiagnostic evidence of median nerve entrapments, ulnar nerve entrapments or of generalized peripheral neuropathy, plexopathy or entrapments. The injured employee underwent right carpal tunnel release on 11/04/10 and reportedly had good results. Per ODG guidelines, surgery for carpal tunnel syndrome in cases where diagnosis is not severe, carpal tunnel syndrome requires 2 symptoms of abnormal Katz hand diagram scores, nocturnal symptoms or flick sign. This was not documented. It also requires on physical examination of 2 of the following, compression test, abnormalities with Semmos-Weinstein monofilament testing, Phalen's sign, Tinel's sign, decreased two-point discrimination or mild thenar weakness. This requirement was met. There should be no comorbidities including pregnancy. This requirement was met. There should be initial conservative treatment requiring at least 3 of the following: activity modification, night wrist splinting greater than one month, non-prescription analgesics, home exercise training, and successful outcome from corticosteroid trial (optional). The injured employee meets conservative treatment requirements. Finally, there should be positive electrodiagnostic testing. In this case electrodiagnostic testing did not reveal any evidence of carpal tunnel syndrome. The ODG requirements were not met. The reviewer finds there is no medical necessity at this time for Left carpal tunnel release surgery.

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