



Notice of Independent Review Decision

CORRECTED REPORT
 Second CPT code omitted.

DATE OF REVIEW: 05/19/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left wrist arthroscopy and carpal tunnel release

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.43	29840		Prospective						Overturn
719.43	29848		Prospective						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certificate of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 03/15/11 and 04/15/11 including criteria used in the denial
4. Correspondence from attorney 04/07/11
5. History and physical examination, 09/03/10
6. Report of medical evaluation, 12/31/10
7. Electrodiagnostic medicine consultation, 08/20/10
8. Follow-up notes 10/07/10, 08/05/10, 08/25/10, and 09/09/10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was involved in a motor vehicle accident on xx/xx/xx. The patient developed pain in the wrist and forearm including a closed lunate fracture. The patient persisted to have mechanical pain in the wrist, and MRI scan confirmed the lunate fracture. In addition, the patient complained of numbness and tingling in the hand. EMG was obtained, and

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showed very mild carpal tunnel syndrome. Independent Medical Examination confirmed that the patient had more symptoms in the ulnar nerve distribution than the median. However, this did not show up on the EMG. The patient reportedly has had physical therapy, splinting, braces, and medications, as well. A carpal tunnel release with wrist arthroscopy is denied as medically unnecessary.

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

First of all, there are two components to this request for surgery. The wrist arthroscopy is certainly indicated and conforms to ODG Guidelines. The patient has chronic wrist pain and intraarticular fracture of the lunate with residual osteochondral fragment. The patient has mechanical symptoms, and arthroscopic debridement would be certainly indicated. The patient has a clinical diagnosis of carpal tunnel syndrome and has failed conservative management. I think it is unreasonable to think that this patient would improve with further treatment. However, since the patient will be undergoing arthroscopy of the wrist, a simple outpatient carpal tunnel release would be in the patient's best interest and conforms to the ODG Guidelines for surgical management after failure of conservative care.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)