SENT VIA EMAIL OR FAX ON
Apr/19/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/15/2011
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left Carpal Tunnel Release

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Initial evaluation and follow-up office notes M.D. 10/29/10-03/01/11
2. Facsimile cover sheet 03/03/11 regarding preauthorization request
3. Patient information sheet
4. Facsimile cover sheet 03/20/11 regarding reconsideration preauthorization request
5. Utilization review determination 03/08/11 M.D. regarding non-certification left carpal tunnel release
6. Utilization review determination 03/29/11 M.D. regarding non-certification reconsideration / appeal request left carpal tunnel release

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a female whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the injured employee is noted to complain of right greater than left wrist pain. The injured employee reportedly has used a keyboard daily for years. The injured employee was seen for evaluation by Dr. on 10/29/10 and was noted to have had her second EMG/NCV done 4 days ago but the results were not available. The injured employee's symptoms are right greater than left primarily in the median nerve distribution, but she also has had some ulnar nerve symptoms. The injured employee is noted to have had cubital tunnel release on right without significant relief. She has not had any injections. She has been splinted for a number of months and treated with anti-inflammatories intermittently over the past 2 years. On examination there was tenderness to palpation on volar aspect of bilateral wrists. Tinel's sign was positive on right median nerve. There was no swelling and no tenderness to palpation on radial aspect of bilateral wrists. There was no tenderness to palpation of ulnar styloid process bilaterally. There is no tenderness to palpation of dorsal aspect bilaterally. Finkelstein's test on right did not indicate tenosynovitis. Tinel's sign of median nerve on left was negative. There is no motor weakness observed of right or left wrist. Injection of right wrist was performed at this time. The injured employee was seen in follow-up on 11/12/10 and was reported as worse with numbness and pain after injection on right. Electrodiagnostic testing was reported to show moderate bilateral carpal tunnel syndrome. Assessment was carpal tunnel syndrome bilateral right greater than left. On 01/05/11 the injured employee underwent right carpal tunnel release. Follow-up on 02/11/11 indicates the injured employee still had ulnar hand pain, although different. On examination the wound was healing

normal. There was tenderness to palpation on wrist at excisions. There was no swelling, erythema or warmth of the wrist. No left sided exam was reported. The injured employee was seen on 03/01/11 and reportedly was ready for left carpal tunnel release, needs to return to work and wants to get this done ASAP.

A request for authorization of left carpal tunnel release was reviewed by Dr. on 03/08/11, and Dr. determined the request to be non-certified. Dr. noted specific to the claimant's left wrist, there was a negative Tinel's test with no other positive findings to support diagnosis of carpal tunnel syndrome. Conservative treatment was noted to include previous anti-inflammatory medication use and corticosteroid injection to right wrist, but no other forms or conservative measures including corticosteroid injections were noted to left wrist. Dr. noted there was no formal evidence of positive objective findings to support the diagnosis of carpal tunnel syndrome to left upper extremity. It was noted the injured employee had positive electrodiagnostic studies for which formal reports were unavailable for review, and there was little evidence of supportive conservative treatment utilized thus far in regards to claimant's left wrist. Accordingly, the request for the proposed surgery cannot be supported as current evidence based criteria have not been satisfied.

A reconsideration / appeal request for authorization of left carpal tunnel release was reviewed by Dr. on 03/29/11. Dr. noted the claimant was status post right carpal tunnel release done 01/05/11. She is also reported to have evidence of moderate carpal tunnel syndrome on the left, but the report of electrodiagnostic study was not available for review. Although there was documentation of conservative treatment for the right carpal tunnel syndrome, there was no documentation of conservative treatment provided for the left carpal tunnel syndrome. Dr. noted that as there is lack of documented conservative treatment and electrodiagnostic studies were not available, the requested left carpal tunnel release could not be recommended as medically necessary.

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

The proposed left carpal tunnel release is not indicated as medically necessary based on clinical data submitted for review. This is a female who reportedly was injured on xx/xx/xx. She was diagnosed with bilateral carpal tunnel syndrome right greater than left. Reference was made to electrodiagnostic testing performed in 10/10, but no EMG/NCV report was provided. The only examination findings pertaining to the left wrist were from 10/29/10, at which time Tinel's sign of median nerve was negative. No other findings consistent with left carpal tunnel syndrome were reported, such as diminished two point discrimination, flick sign, thenar atrophy / weakness. Prior to right carpal tunnel release, the injured employee had injection of the right carpal tunnel, but there was no documentation of injection or other conservative measures to the left wrist. Accordingly, medical necessity is not established for the left carpal tunnel release.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)