

SENT VIA EMAIL OR FAX ON  
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## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/08/2011

**IRO CASE #:**

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

Right carpal tunnel release, median nerve at forearm

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

Orthopedic 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**

OD Guidelines

Preauthorization review 09/07/11

Preauthorization review 09/23/11

Office notes 07/08/11 and 08/26/11

Designated doctor evaluation 01/14/11 with functional capacity evaluation

Preauthorization review 02/24/11

Follow-up visit 03/08/11

Second opinion 12/06/10

Right wrist MRI 07/24/08

X-rays right wrist AP and lateral views 07/24/08

Operative report 03/16/09 right carpal tunnel release, flexor tenolysis 03/16/09

Consultation 02/06/09

Upper extremity EMG/NCV 02/03/09

Behavioral medicine assessment 05/26/10

Request for chronic pain 04/06/10

Functional capacity evaluation 02/24/10

Preauthorization request and reconsideration request

Electrodiagnostic consultation 08/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female whose date of injury is xx/xx/xx. She reported injuring her right hand / arm. She has history of flexor tenolysis of the right wrist performed on 03/16/09.

Following surgery, the claimant reported having more pain with numbness and tingling in the hand and fingers. She was seen by on 12/06/10 for second opinion. believed she had reflex sympathetic dystrophy / complex regional pain syndrome and required pain management with stellate ganglion block to help ameliorate symptoms. The claimant was seen on 07/08/11 by with chief complaint "I would like to double check on my hand." On examination except for index finger there was full range of motion of bilateral shoulders, elbows, wrists and fingers. The index finger presented with significant decreased flexion both at PIP, but mostly at DIP joint. Thumb IP flexion was also very weak. There was hypoesthesia in entire median nerve distribution and trophic changes in long finger. Neurologic examination reported positive Tinel's, positive Durkan's and positive Phalen's sign for carpal tunnel syndrome. There also was pain with pressure on the forearm with positive test for pronator syndrome. The patient was recommended to undergo updated EMG which was performed on 08/22/11. This study reported evidence of residual right median neuropathy at wrist consistent with right carpal tunnel syndrome. There was no evidence of right proximal median nerve injury or right proximal ulnar neuropathy. The claimant was seen in follow-up by on 08/26/11 to go over EMG. She was noted to have clinical signs for right carpal tunnel syndrome and pronator syndrome. The EMG/NCV confirmed carpal tunnel syndrome. She was recommended to undergo surgical release of median nerve at forearm and wrist.

A preauthorization review performed on 09/07/11 determined the request for right carpal tunnel release, median nerve at forearm does not meet ODG guidelines as ODG does not address repeat carpal tunnel release. Medical records provided document right carpal tunnel release and flexor tenolysis on 03/16/09. Records indicate the claimant subsequently was diagnosed with complex regional pain syndrome. On clinic notes there is no objective evidence of complex regional pain syndrome. The claimant has positive PHalen's and positive Tinel's for carpal tunnel; however, there is lack of documentation of significant conservative treatment for this carpal tunnel syndrome prior to request for surgery. There is no indication the claimant has undergone splinting, activity modification, medications, or injections. Noting the lack of documentation of exhaustion of conservative treatment, the request does not meet current criteria.

A preauthorization review dated 09/23/11 determined the request for right carpal tunnel release, median nerve at forearm was not indicated as medically necessary. A review of surgeon's history and physical and EMG results does not support ODG for carpal tunnel release and median nerve release at forearm. Although ODG does not specifically address for repeat carpal tunnel releases, the guidelines for additional diagnosis for severe carpal tunnel syndrome include muscle atrophy with severe weakness of thenar muscles, and two point discrimination over 6 mm. It was noted that although there was documentation of thenar weakness, there was no documentation of 2 point discrimination in initial consultation on 07/08/11. The claimant was noted to have symptoms and clinical findings that would qualify mild / moderate severity based on symptoms of positive Phalen's and Durkan's test. It was also noted the claimant has comorbidity of diabetes. It was noted the claimant may require second surgery noting that EMG/NCV study confirmed findings consistent with carpal tunnel syndrome; however, there is no EMG/NCV confirmation of severe pronator syndrome to correlate with clinical exam. The reviewer noted that per Wheeless Textbook of Orthopedics states when EMG/NCV does not confirm pronator teres syndrome, but clinical evidence is suggestive, the clinician should then wait 4-6 weeks then repeat the EMG. It was further noted there was no documentation of exam performed with resisted forearm pronation, forearm supination against resistance and resisted long finger flexion at proximal interphalangeal joint. It was further noted there was no mention of conservative treatment attempted. Pronator tunnel release was not supported particular in light of neurologist interpretation of pronator teres nerve distribution to be "entirely normal."

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

The clinical data provided for review does not support determination of medical necessity for right carpal tunnel release and release of median nerve at forearm. The claimant has history of previous right carpal tunnel release performed 03/16/09. The claimant continued to

complain of symptoms to right upper extremity. A second opinion assessed RSD / CRPS. The claimant was seen by on 07/08/11 and recommended to undergo updated electrodiagnostic testing which revealed evidence of residual right median neuropathy at wrist consistent with residual right carpal tunnel syndrome; however, there was no electrodiagnostic evidence of pronator syndrome. As noted on previous reviews, there were no detailed examination findings consistent with pronator syndrome. There was also no documentation that appropriate conservative treatment had been completed prior to pursuing surgical intervention. As such, proposed surgical procedure is not indicated as medically necessary. Previous denials should be upheld on IRO.

**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)