

SENT VIA EMAIL OR FAX ON
Nov/18/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/17/2011

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:

General 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

Request for IRO dated 11/01/11

Utilization review determination dated 10/18/11, 10/26/11

Case summary dated 11/03/11

Clinical records dated 12/20/10, 01/19/11, 02/25/11, 10/12/11

MRI lumbar spine dated 11/19/10

Clinical note dated 11/10/11, 12/17/10, 12/03/10

EMG/NCV study dated 12/08/10

Correspondence

Correspondence

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have date of injury of xx/xx/xx. The record includes an MRI of the lumbar spine dated 11/19/10 which notes that the claimant has moderate bilateral L4-5 facet arthropathy and degenerative narrowing of the left L5-S1 neural foramen. On 12/08/10 the claimant was referred for EMG/NCV of the upper extremities which showed evidence of a median neuropathy at the wrist which was mild. On 12/17/10 the claimant was seen by and it is reported that the claimant has complaints of knee pain, lumbar pain and lumbosacral neuritis. She is receiving treatment for this condition. On 12/20/10 the claimant was seen by. This note indicates that the claimant has complaints of continued pain and paresthesias to the right first through third fingers which awaken her from sleep. She has positive Phalen's test. She has no shoulder complaints. EMG/NCV shows

median neuropathy, mild in degree. She subsequently was provided a cock up wrist splint and continued on NSAIDs.

The claimant was seen in follow up on 01/19/11. She is noted to have some improvement in her paresthesias after addition of a cock up splint. She now presents with pain and tenderness localized to the first A1 pulley of the right thumb with palpable triggering. She continues to have pain and paresthesias with Phalen's testing with no thenar atrophy. Radiographs of the hand show no significant CMC osteoarthritis. She received a corticosteroid injection of the first A1 pulley. There was a discussion regarding carpal tunnel release; however, her symptoms are improving with the splint.

The claimant was seen in follow up by on 02/25/11. She is reported to be pending a hearing in the following week. Her pain is noted to have persisted despite splinting. Her triggering symptoms have subsequently resolved. She is noted to do an extensive amount of typing. She is again recommended to undergo carpal tunnel release.

The claimant was seen in follow-up on 10/12/11 with continued ongoing carpal tunnel symptoms. She has not improved with treatment. She is further noted to have type II diabetes.

The most recent clinic note is dated 11/07/11. On this date the claimant was seen by. He notes the claimant has undergone multiple conservative treatment which includes night wrist splints, daily splints, various analgesics. She is noted to have positive Phalen's, Tinel's or right wrist and demonstrating some mild thenar atrophy. She has undergone EMG/NCV study. She is noted to have positive flick sign and diminished 2 point discrimination in index finger. She is noted to have undergone a year of conservative treatment

The initial request was performed by on 10/18/11. Dr. non-certified the request noting the claimant does not meet ODG guidelines and lack of evidence of EMG/NCS. He notes there is lack of detailed physical examinations to support signs and symptoms of carpal tunnel syndrome and lack of documentation to establish failure of conservative treatment.

The subsequent appeal request was reviewed by non-certified the request noting the medical records does not demonstrate abnormal Katz sign, diagram scores, or flick sign.

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

The request for right carpal tunnel release is medically necessary and previous utilization review determinations are overturned. Per the submitted clinical records the claimant has undergone extensive conservative treatment without improvement in her condition. She has clear objective findings of carpal tunnel syndrome on examination, and per the most recent clinic notes meets ODG guidelines for performance of carpal tunnel release. Based on the clinical information provided, the request is medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES