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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right carpal tunnel release and Right ulnar nerve transposition

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

M.D., General Surgery, fellowship trained hand 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

Official Disability Guidelines
Initial pre-auth UR review 01/02/12
Appeal pre-auth UR review 01/20/12
Letter of medical necessity 01/06/12
Orthopedic follow-up notes 01/12/09-12/19/11
Electrodiagnostic studies right upper extremity 12/14/11
EMG/NCV findings 05/13/10
Operative report neurolysis right median nerve and hand and distal forearm; ulnar tunnel release with neurolysis of ulnar nerve through guidance canal distal to the carpal tunnel and proximally through the distal forearm 12/07/10
Operative report release of right trigger finger 08/19/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Right carpal tunnel release and right ulnar tunnel release with revision surgery were performed on 12/07/10. She experienced significant relief following surgery with pain relief that lasted for approximately eight or nine months. Pain then recurred in the right hand. A stellate ganglion block was noted to give two weeks of relief from pain. The second block did not help as much. Electrodiagnostic testing performed 12/14/11 revealed normal EMG findings in the right upper extremity. The right median nerve distal motor and sensory latencies are prolonged approximately two standard deviations from average, consistent with a history of right carpal tunnel syndrome. The median nerve distal sensory latency from wrist to thumb is significantly prolonged compared with corresponding radial nerve distal sensory latency. Tardy ulnar nerve around the right elbow also was noted. Examination on 12/19/11 noted positive Tinel's at the cubital tunnel, positive Tinel's sign at the carpal tunnel. Carpal tunnel compression test is positive, and elbow flexion test produces a great deal of dense ulnar numbness. She has not had much radial tunnel or pronator findings at all.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient underwent previous carpal tunnel release and ulnar nerve and ulnar tunnel release, with revision surgery performed 12/07/10. She reportedly had eight to nine months of good relief following revision surgery before symptoms in the right hand recurred. Electrodiagnostic testing on 12/14/11 revealed evidence of carpal tunnel syndrome as well as cubital tunnel syndrome, but it is unclear if the findings are new findings or post surgical residuals. There is no comprehensive history of conservative treatment completed following surgical intervention after recurrence of symptoms.

It is unclear if the claimant has had a trial of therapy/home exercise program, splinting, anti-inflammatories, or corticosteroid injection to the wrist or elbow. Records also indicate that the claimant may have developed RSD/CRPS. The pain generator is not located. Sympathetic mediated pain has not been excluded prior to consideration of surgical intervention. As such, the reviewer finds there is not medical necessity for Right carpal tunnel release and Right ulnar nerve transposition at this time.

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)