



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of outpatient bilateral carpal tunnel release (CTR).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of outpatient bilateral carpal tunnel release (CTR).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: LHL009 – 12/14/11; Denial letter – 11/23/11; Preauthorization Request – undated; Progress Record – 9/29/11; and NCS/EMG reports – 8/22/11 & 10/21/11.

Records reviewed from letter – 12/15/11; Denial Letter – 12/8/11; Employee's Report of Injury – 7/12/11, Notice of Disputed Issues and Refusal to Pay Benefits – 10/26/11; Clinic Notes – 7/12/11-11/7/11; Patient Intake Form – 9/20/11; General Orthopaedic Clinic Note – 10/5/11; and Ambulatory Visit/Intake Form – 9/29/11.

Records reviewed from: Surgeries or Procedures to be Scheduled – 9/29/11.

Records reviewed from: various DWC73s.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The Attending Physician records were reviewed in detail. The employee felt pain in both hands/wrists, along with tingling in all fingers. Exam findings were documented (by on 09/29/2011) to include difficulty with fine motor tasks, numbness, tingling and nocturnal awakening, along with a bilaterally positive Tinel's. EMG/NCV of the bilateral upper extremities (BUE) performed on 10/21/2011 revealed mild-moderate sensory/motor entrapment of the right median nerve of the carpal tunnel slightly worse than the 08/22/11 study; moderate entrapment of the left median nerve at the carpal tunnel. On 10/5/11, a bilateral carpal tunnel release was discussed. Prior records (Family Medicine) discussed the failure of restricted activities, medications, bracing, and temperature-associated methods. Denials discussed the lack of full work-up and/or medical necessity of the requested procedures.

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

The records document a positive injury mechanism, multiple subjective findings, abnormal physical exam finding of a positive Tinel's sign bilaterally, and, electrical studies (that have progressed on the right side) despite a trial and failure of a reasonable and comprehensive non-operative treatment protocol. The proposed requests therefore meet the applicable ODG criteria and are medically necessary at this time.

ODG Hand/Wrist Chapter: ODG Indications for Surgery™ -- Carpal Tunnel Release:

I. Severe CTS, requiring ALL of the following:

A. Symptoms/findings of severe CTS, requiring ALL of the following:

1. Muscle atrophy, severe weakness of thenar muscles
2. 2-point discrimination test > 6 mm

B. Positive electrodiagnostic testing

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II. Not severe CTS, requiring ALL of the following:

A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:

1. Abnormal Katz hand diagram scores
2. Nocturnal symptoms
3. Flick sign (shaking hand)

B. Findings by physical exam, requiring TWO of the following:

1. Compression test

2. Semmes-Weinstein monofilament test
3. Phalen sign
4. Tinel's sign
5. Decreased 2-point discrimination
6. Mild thenar weakness (thumb abduction)

C. Comorbidities: no current pregnancy

D. Initial conservative treatment, requiring THREE of the following:

1. Activity modification \geq 1 month
2. Night wrist splint \geq 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Home exercise training (provided by physician, healthcare provider or therapist)

5. Successful initial outcome from corticosteroid injection trial (optional). See Injections. [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.]

E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results]

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