SENT VIA EMAIL OR FAX ON
Dec/22/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left decompression, median nerve, proximal forearm

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:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines

Review determination 11/29/11
Review determination 12/09/11
Surgeries or procedures to be scheduled 11/22/11
Pre-authorization intake form 11/22/11
Office visit notes MD 11/10/11 and 08/11/11
EMG/NCV 10/25/11

PATIENT CLINICAL HISTORY SUMMARY
The injured worker is a female who was injured on xx/xx/xx when a plastic chair struck her on the elbow. She was noted to have undergone considerable conservative treatment including activity modification, aquatic and physical therapy, proximal forearm strapping (which exacerbated pain), and two different steroid injections into the lateral epicondyle with only temporary relief. Electrodiagnostic testing was performed on 10/25/11 and reported a focal

conduction abnormality of the median nerve at the wrist consistent with a mild left carpal tunnel syndrome. Office notes dated 11/10/11 indicated on previous visit the injured worker had an anesthetic injection which significantly reduced her pain and reduced her motor function confirming as in the right spot and confirming the left posterior interosseous nerve entrapment. She was seen in follow up after undergoing EMG/NCV study. The injured worker states her pain has continued to get worse in the left proximal forearm and numbness and tingling has been getting worse in the left hand in the median nerve distribution, usually worse at night and worse with activity. Examination of the left upper extremity reported tenderness to palpation over the proximal forearm in the region of the posterior interosseous nerve. There was also increased pain with resisted supination. She has positive Tinel's, Phalen's and carpal tunnel compression test of the wrist. Strength was 5/5 EPL, FPL and intrinsics. There was no significant thenar wasting. Sensation is intact to light touch in the radial, ulnar and median nerves although median nerve shows symptoms of numbness and tingling. It was noted the injured worker is a good candidate for carpal tunnel release and median nerve decompression at the wrist as well as proximal forearm decompression of the posterior interosseous nerve since she has failed conservative management for both these conditions.

A pre-authorization review was performed on 11/29/11 and recommended non-certification of request for left decompression, median nerve, proximal forearm. It was noted that the injured worker appears to have signs and symptoms of pronator syndrome. Based on the record she has had continuous complaints of pain and has failed to respond to conservative treatment. It was noted that EMG revealed mild left carpal tunnel syndrome. However there was no documentation of similar compression impingement proximately in the region of the pronator. In light of the fact that EMG did not localize compression to this level, the procedure cannot be performed proximally in the forearm. Although the injured worker has some suggested complaints, the EMG does not support neural impingement in the proximal forearm and the request is not supported.

An appeal request was reviewed on 12/09/11 and adverse determination was rendered for the appeal for left decompression, median nerve, proximal forearm. The reviewer discussed the case with Dr. and it was noted the case was a bit confusing. There was one peripheral neuropathic problem, carpal tunnel syndrome, has been identified by EMGs, and the other problem reportedly identified through a diagnostic injection. Conservative care has reportedly failed but it is unclear what that care might be based on conversation with the provider and review of records. Provided that her treating physician can simply quantify and better explain the conservative management provided, then Official Disability Guidelines might well be satisfied for the carpal tunnel release. However physical therapy would need to have failed for the posterior interosseous compression as well, prior to recommendation of release at that site according to Grain's operative hand surgery guidelines. As it stands medical necessity under these guidelines has not been established.

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

Based on the clinical information provided, the request for left decompression, median nerve, proximal forearm is supported as medically necessary based on the clinical data provided. The injured worker is noted to have sustained an injury when a plastic chair hit her on the elbow. She is noted to have undergone and failed conservative care for this injury to include activity modification, aquatic and physical therapy. She also underwent proximal forearm strapping which exacerbated pain in her forearm. Two different steroid injections were performed into the lateral epicondyle which provided temporary relief of one to two weeks. Electrodiagnostic testing revealed evidence of mild left carpal tunnel syndrome. It was noted that the injured worker underwent anesthetic injection which significantly reduced her pain and also reduced her motor function confirming left posterior interosseous nerve entrapment. The previous reviewer determined medical necessity was established for carpal tunnel release, but additional clinical data was needed to establish medical necessity for the decompression of left median nerve proximal forearm. However, it appears that the requesting provider did report the injured employee to have failed conservative treatment in

form of activity modification physical/aquatic therapy, proximal forearm strapping, and steroid injections. The injured employee had appropriate response to diagnostic injection identifying the left posterior interosseous nerve entrapment. As such, it appears that surgical intervention for the proposed median nerve decompression of left proximal forearm is appropriate and medically necessary. The previous denials should be overturned 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

[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)