

SENT VIA EMAIL OR FAX ON
Jan/17/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jan/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Endoscopic Carpal Tunnel Release Right Wrist; Carpal Tunnel Surgery Right Wrist; Tendon Repair Right Wrist

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx when she xxxx and felt pop in her right wrist, and her fingers went numb. She was seen at. MRI of the right wrist performed xxxxx reported small central perforation of radial attachment of triangular fibrocartilage complex; probable tear of scaphoid attachment of scapholunate ligament (MRI arthrogram will be helpful to evaluate intrinsic ligaments); no detectable significant osseous or osteochondral lesions; minimal nonspecific effusions and / or synovitis of major 3 compartments of right wrist. MRI arthrogram of the right wrist performed on 06/08/11 reported no evidence of triangular fibrocartilage tear or de Quervain's tenosynovitis; mild dorsal subluxation of inferior radial ulnar joint; negative ulnar variance. Electrodiagnostic testing was performed on 09/09/11 and reported evidence of very mild right median at the wrist. Physical examination on 09/14/11 reported benign appearance to right wrist. Sensation was intact to light touch, ulnar, median and radial distributions. The claimant is able to thumb extend, thumb finger oppose, index finger extend, finger cross. Two point discrimination was greater than 10 mm

index and middle, negative Phalen's, negative palmar compression, negative Tinel's. There was some snapping with wrist motion. There is tenderness to palpation of radial styloid. There is positive Finkelstein's. Assessment was right carpal tunnel syndrome; right snapping ECU syndrome. The claimant was recommended for endoscopic carpal tunnel release and repair of ECU tendon sheath.

A preauthorization request for endoscopic carpal tunnel release right wrist, carpal tunnel surgery right wrist, and tendon repair right wrist was reviewed on 11/15/11 and recommendation was for adverse determination / non-certification. Rationale noted there was no mechanism of injury to explain presentation of claim. It was noted RME dated 01/19/11 documented past history of wrist fracture to same extremity from rollerblading. This report also documents history of thyroid disorder. MRI arthrogram dated 06/09/11 revealed no pathology other than mild dorsal subluxation of inferior ulnar radial joint. EMG/NCV was noted to have shown no atrophy, normal motor exam, subjective mild decreased sensation of tips of 1-3 fingers and negative Tinel's and Phalen's. Study is unilateral and reports evidence of mild carpal tunnel syndrome. There was no noted occupational injury for which carpal tunnel release and tendon repair are being requested. Case was discussed with requesting provider. The reviewer noted conflicting mechanism of injury reports, conflicting clinical exams and MRI with only mild dorsal subluxation of inferior radial ulnar joint and unilateral EMG/NCV with exam that reports subjective symptoms, negative exam, and very mild right carpal tunnel syndrome. Based on the information provided for review, recommended denial of carpal tunnel release and tendon repair of right wrist.

A reconsideration request for endoscopic carpal tunnel release right wrist, carpal tunnel surgery and tendon repair was reviewed on 12/09/11 and adverse determination recommended. The case was discussed with requesting provider. The reviewer noted the mechanism of injury did not support diagnosis of median nerve compression. Records indicate negative Tinel's and Phalen's on at least two office visits and again on nerve conduction studies. Video surveillance was noted to reveal normal outdoor activities including digging multiple holes with shovel and using pliers. Electrodiagnostic study done on 09/09/11 revealed very mild right median wrist which was assumed to mean mild compression of median nerve at wrist. MRI arthrogram of wrist reported contents of carpal tunnel and flexor retinaculum were unremarkable. The medical records do not support necessity of surgery as direct result of work related injury; therefore, surgery should not be certified.

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

Based on the clinical information provided, medical necessity is not established for endoscopic carpal tunnel release and tendon repair of right wrist. Records indicate the claimant sustained injury while xxxxxx when she felt popping in right wrist and felt numbness in fingers. MRI arthrogram revealed no evidence of TFCC tear or de Quervain's tenosynovitis, with mild dorsal subluxation of inferior radial ulnar joint, and negative ulnar variance. Electrodiagnostic studies reported very mild right carpal tunnel syndrome. Brief examination prior to electrodiagnostic testing showed no muscle atrophy, normal strength, and mildly reduced sensation in palmar aspect of distal phalanges of first three digits on right. Tinel's and Phalen's signs were negative. The most recent physical examination on 01/09/12 reported sensation intact to light touch, ulnar, median and radial distribution, claimant able to thumb extend, thumb finger oppose, index finger extend, finger cross. There was negative Tinel's, negative Phalen's, and negative palmar compression. Two-point discrimination was reported as greater than 10 mm index and middle. There is some snapping with wrist motion, tenderness to palpation radial styloid, positive Finkelstein's. The records reflect the claimant has remote history of right wrist fracture from xxxx in xxxx. She also has history of hyperthyroidism. After reviewing records submitted for review, a determination of medical necessity for proposed surgical procedure is not supported, and 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)