



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

**DATE OF REVIEW:** 3/10/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

LEFT HAND CARPAL TUNNEL RELEASE SURGERY.

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

M.D. Board Certified in Plastic Surgery/ 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**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	2/21/2012
The Hartford Utilization Review Determinations	12/05/2011-1/04/2012
UT Southwestern Department of Plastic Surgery- Letter of Reconsideration	12/20/2011
Fax Transmissions	11/21/2011-12/22/2011
NeuroDiagnostic Office Visit Note	8/29/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is an ambidextrous female who was involved in a MVA a month before seeking treatment, for hand pain, numbness, and weakness, associated with nocturnal symptoms. She also had swelling and pain in her index MP joints and thumb basilar joints. The symptoms started right after the accident.

The treating physician noted positive median nerve compression test, negative Phalen’s and Tinel’s signs. Conservative measures of splinting, job modification,



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
Phone: 214 732 9359 | Fax: 972 980 7836

and analgesics were initiated. She had partial improvement. The patient was reevaluated on August, 23, at which time, the symptoms were still bothersome especially when the hands are used, when writing and using the phone. The findings were the same. EDS were requested and performed. Mild carpal tunnel syndrome was confirmed. Surgery was recommended by the treating physician.

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

This is a case of mild carpal tunnel syndrome. The symptoms have been present for nearly nine months, and did not respond to an adequate trial of non-surgical management. Carpal tunnel release surgery is indicated based on ODG criteria because the patient has symptoms, findings on physical exam, failure of initial conservative treatment for 9 months, and positive electro-diagnostic testing.

**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