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Notice of Independent Review Decision

DATE OF REVIEW: 03/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Urgent Appeal Carpal Tunnel Surgery to Right Hand 64721
Urgent Appeal Neurolysis Right Ulnar Nerve at Elbow 64718

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

Board Certified Orthopedic and Hand Surgeon

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Initial office visit and follow-up examination reports 11/11/10-01/05/12
2. EMG/NCV 09/15/11
3. Occupational therapy evaluation and daily progress notes 01/05/12-01/31/12
4. Operative case schedule/insurance pre-authorization
5. Appeal letter 03/05/12 and 01/31/12
6. Notification of determination 01/11/12
7. Reconsideration determination 02/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she was working and began to feel pain in the right wrist. The claimant was initially treated with injection of the ECU tendon and given a brace. Examination revealed tenderness over the extensor carpi ulnaris tendon of the right wrist, with no tenderness over the other tendons or over the first dorsal compartment.

Electrodiagnostic testing was performed on 09/15/11 and revealed mild bilateral carpal tunnel syndrome. There was also fairly significant cubital tunnel syndrome on the left. Records indicate the claimant underwent left carpal tunnel release and left ulnar nerve decompression on 11/18/11. The claimant was seen in follow-up on 01/05/12 and states the left hand is definitely feeling better. Range of motion is good and she has good sensation. Palmar scar is somewhat sensitive. The scar on the palm is a little bit hypertrophic but is settling down. Elbow scar looks good. She has no sensitivity at the elbow. The claimant was recommended to undergo right carpal tunnel release and cubital tunnel release on the right.

A utilization review dated 01/11/12 determined request for carpal tunnel surgery to right hand, neurolysis right ulnar nerve at elbow to be non-certified as medically necessary. It was noted that electrodiagnostic studies showed mild carpal tunnel bilaterally with significant cubital tunnel on the left. The claimant reported she started having the same numbness and tingling in the right elbow and arm as she did in the left. The reviewer noted that the medical records failed to demonstrate significant conservative care for the right carpal tunnel other than a brace that she was given on 11/11/10 with no documentation of continuing to wear that brace. There is no documentation of cortisone injections and no documentation of significant pharmacological interventions. EMG studies demonstrate a mild right carpal tunnel and significant cubital tunnel pathology. Per Official Disability Guidelines for carpal tunnel surgery there should be findings on physical examination such as a compression test, Phalen's sign, Tinel's sign or decreased two point discrimination or mild thenar weakness. There should be conservative care in the form of activity modifications, night wrist splint, non-prescription analgesia, home exercise program or corticosteroid injection. It was noted the records do not demonstrate positive Phalen's, positive Tinel's, decreased two point discrimination or thenar weakness, and do not demonstrate positive flick sign or compression tests. Electrodiagnostic studies indicated mild carpal tunnel on the right. As such the request for right carpal tunnel release is non-certified. Official Disability Guidelines for the elbow indicate initial conservative care should include exercise to include strengthening exercises activity modification medications and/or pad or splint for at least a three month trial period. The records do not demonstrate pad or splint and did not demonstrate significant limitations or significant strengthening exercises. As such the request for neurolysis of the right ulnar nerve at the elbow is non-certified.

An appeal request was reviewed on 02/02/12 and the request was non-certified as medically necessary. It was noted that previous adverse determination or it was noted there is documentation of a previous adverse determination for lack of clinical carpal tunnel syndrome, greater than mild carpal tunnel syndrome on electrodiagnostic studies, and lack of pad or splint or significant strengthening exercises. Official Disability Guidelines criteria for carpal tunnel release include clinical carpal tunnel syndrome, corroborating electrodiagnostic studies and failure of conservative care. In addition Official Disability Guidelines states that cubital tunnel surgery is indicated with clinical findings of ulnar nerve impingement and

failure of exercise, activity modification, medications and pad/splint. However there was no recent comprehensive physical examination pertaining to the claimant's right carpal tunnel syndrome and ulnar nerve entrapment. In addition electrodiagnostic studies demonstrating evidence of carpal tunnel syndrome or ulnar nerve entrapment were not provided. Furthermore the specific extent, duration and modalities of conservative care rendered directed at the claimant's carpal tunnel and ulnar nerve complaints beyond medication and occupational therapy is not as delineated.

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

The request for carpal tunnel syndrome to right hand and neurolysis right ulnar nerve at elbow is not supported as medically necessary based on the clinical data presented for review. The records indicate the claimant sustained an injury on 06/20/11. Electrodiagnostic testing revealed mild carpal tunnel syndrome bilaterally and findings supporting the left cubital tunnel syndrome. There was no indication of right cubital tunnel syndrome. The claimant underwent left carpal tunnel release and cubital tunnel release on 11/18/11 and was noted to be doing well post surgery. The claimant was seen on 01/05/12 at which time the plan was to proceed with right carpal tunnel release and neurolysis of the right ulnar nerve at the elbow. However there was no recent physical examination of the right upper extremity documenting nocturnal symptoms or flick sign. There was no evidence of positive compression test, positive Phalen's, positive Tinel's, decreased two point discrimination or mild thenar weakness. There also was no comprehensive history of conservative treatment to the right wrist/hand to address carpal tunnel syndrome. There is no indication that a trial of corticosteroid injection was performed to the right wrist. Regarding the right elbow again there was no detailed physical examination. There was no evidence that the claimant had undergone an appropriate course of conservative care for the elbow including exercise with strengthening, activity modification, and medications. There was no indication that the claimant had a trial of elbow pad and/or splinting for at least a three month period. As such, the proposed surgical procedures were non-certified, and these determinations are upheld on IRO.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

--- OR ---

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] ([Hagebeuk, 2004](#))

ODG Indications for Surgery -- Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring ALL of the following:

- Exercise: Strengthening the elbow flexors/extensors isometrically and isotonicly within 0-45 degrees

- Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma.

- Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve.

- Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence.