

SENT VIA EMAIL OR FAX ON  
May/07/2012

## Independent Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (817) 549-0311  
Email: rm@independentresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/04/2012

**IRO CASE #:**

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

R Ulnar Nerve In Situ Decompression Elbow Endoscopic Carpal Tunnel Release

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

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**

OD Guidelines

Cover sheet and working documents

Office visit notes Medical Centers (various providers) dated 08/05/11-02/17/12

Office visit notes Dr. dated 12/12/11-03/05/12

Utilization review determination dated 03/28/12

Utilization review determination dated 04/10/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female whose date of injury is xx/xx/xx. The claimant reported she was stepping off the bus and lost her balance, injuring her right wrist. The claimant was treated conservatively with physical therapy, but was noted to have shown no significant improvement after six weeks. The claimant was seen for new patient consultation on 09/22/11. Imaging was reviewed and x-rays were noted as normal. MRI was also noted as normal. Electrodiagnostic testing performed 10/14/11 reported no evidence of cervical radiculopathy, brachioplexopathy or distal mononeuropathy of the upper extremities. The

claimant was seen on 12/11/11 by Dr. with complaints of right wrist pain. Pain is located at the palmar wrist, radial wrist. Assessment was right cubital tunnel syndrome and carpal tunnel syndrome. The claimant was recommended to undergo right ulnar nerve in situ decompression at the elbow, endoscopic carpal tunnel release, and guided canal ulnar nerve release. The claimant continued with conservative care/occupational therapy. The claimant was seen on 03/05/12 and surgical intervention again was recommended.

Per notification of adverse determination dated 03/28/12, the request for OP right ulnar nerve in situ decompression elbow, endoscopic carpal tunnel release and Guyon's canal ulnar nerve release was recommended as not medically necessary. It was noted that medical record dated 12/12/11 showed persistent right wrist and elbow pain. There was no clear documentation of recent comprehensive post physical therapy clinical evaluation of the claimant from the provider or treating physician that addresses the proposed surgeries with the last follow-up on 12/12/11. Also the documented analysis of recent electrodiagnostic studies of the upper extremities showed normal results. There was no documentation provided with regard to the failure of the claimant to respond to conservative measures such as evidence based exercise program, activity modification, splinting, elbow pads and medications prior to the proposed surgical procedures. The claimant underwent occupational therapy sessions with improvement in function and pain scores. Based on these grounds medical necessity of the request has not been established.

A reconsideration determination dated 04/10/12 again recommended non-certification of the proposed surgical procedures. It was noted that there was an adverse determination of a previous review due to lack of documentation of a recent comprehensive post physical therapy clinical evaluation that addresses the proposed surgeries with the last follow-up on 12/12/11, abnormal electrodiagnostic studies and failure of the claimant to respond to conservative measures. There is no documentation as per report dated 12/12/11 the claimant complains of right wrist pain. It is associated with numbness, stiffness and upper extremity pain. Physical examination revealed positive Tinel's median wrist, Phalen's median wrist, Durkan's, positive Tinel's ulnar elbow, Phalen's ulnar elbow, EDS was normal. Treatment has included medication, right wrist steroid injection, physical therapy and splinting. However, specifically regarding the requested right ulnar nerve in situ decompression at the elbow, there is no recent documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations and delayed NCV. In addition, specifically regarding the requested endoscopic carpal tunnel release, there is no recent documentation of at least two symptoms (abnormal cats hand diagram scores, nocturnal symptoms, and/or flick sign), at least two findings by physical examination (Durkan's compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased two point discrimination, and/or mild thenar weakness), and positive electrodiagnostic testing. Therefore medical necessity of the request has not been substantiated.

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

Based on the clinical information provided for review, the request for right ulnar nerve in situ decompression elbow, endoscopic carpal tunnel release is not supported as medically necessary. The claimant sustained an injury to the right wrist due to a fall. X-rays and MRI of the right wrist were noted as normal studies. Electrodiagnostic testing on 10/14/11 revealed no evidence of cervical radiculopathy, brachioplexopathy or distal mononeuropathy of the upper extremities. Examination of the right upper extremity on 03/05/12 reported normal elbow range of motion. Median sensory was decreased; no thenar atrophy; positive Tinel's, Phalen's, Durkan's. ulnar sensory was absent. There was no intrinsic atrophy. Provocative testing showed positive Tinel's ulnar elbow and wrist, Phalen's ulnar elbow, Froment, Wartenberg, FDP 4/5 weakness. There was diminished 2-point discrimination. Treatment has included medication, right wrist steroid injection, physical therapy and splinting. It was noted that the claimant was advised that there's a good chance that the surgery will not help much as the EMG/NCS was normal.

**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)