

**Notice of Independent Review Decision**

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**DATE OF REVIEW: MAY 25, 2012**

**IRO CASE #:**

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

*Endoscopy, wrist, surgical, with release of transverse carpal ligament*

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

This case was reviewed by a physician who is board certified in surgery and currently licensed and practicing (hand surgery) in the state of Texas.

**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**

<b>Type of Document Received</b>	<b>Date(s) of Record</b>
A progress note from	02/14/2011
An operative report performed by	07/08/2011
A progress note from	07/14/2011
A progress note from	08/22/2011
A follow up evaluation report from	09/13/2011
An operative report performed by	09/30/2011
A progress note from	10/06/2011
A follow up evaluation report from	11/18/2011
An EMG report by	12/23/2011
A report from	01/11/2012
A DWC-73 from	01/11/2012
A laboratory tests results from	02/02/2012
A note from	02/17/2012
A letter from	03/01/2012



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A letter for denial from Utilization Management	03/01/2012
A progress note from	03/06/2012
A letter from	03/26/2012
A letter for denial from Utilization Management	03/27/2012
Request for review by IRO for the denied service(s) of endoscopy, wrist, surgical, with release of transverse carpal ligament	05/07/2012
A letter by from Utilization Management	05/08/2012

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is a female who reported injury on xx/xx/xx with onset of pain in her hands/wrists and elbows for which she underwent cubital tunnel release on 09/30/2011. She then had an EMG done on 12/13/2011 which was positive for mild right carpal tunnel syndrome. She was re-evaluated by on 01/11/2012 and was recommended to undergo therapy. She was then seen by on 03/06/2012 who recommended endoscopic carpal tunnel release, which has been denied.

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

is symptomatic for carpal tunnel syndrome proven on EMG/NCV from 12/12/2011 for mild carpal tunnel syndrome.

At this time she has been treated by multiple doctors and the request is for surgical intervention. At this point with the above findings, treatments per, the request for surgery is not reasonable or medically necessary based on the ODG. There is failure of documentation of significant amount of symptoms, failure to identify significant amount of physical exam findings as well as failure to demonstrate and show conservative treatment of at least 3 types described in ODG or a successful injection of steroid for the treatment findings of mild carpal tunnel syndrome.

At this point the request for surgery is not supported by ODG guidelines. ODG recommendation is for continuation of conservative care and documentation of the symptoms, findings, and the conservative treatment types that have been performed as well as trial injection of steroid and evaluate the patient to see if effects of the treatment helped resolve her symptoms prior to authorizing surgical intervention.

**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:



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1. Muscle atrophy, severe weakness of thenar muscles
  2. 2-point discrimination test > 6 mm
- B. Positive electrodiagnostic testing  
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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 Indication for Endoscopic Surgery Procedure:**

Recommended as an optional surgical technique. A Cochrane review concluded that there is no strong evidence that existing alternative surgical procedures for the treatment of carpal tunnel syndrome are any better or any worse than standard open carpal tunnel release. (Scholten, 2004) Another review concluded that endoscopic carpal tunnel release technique is worse in terms of reversible nerve injury but superior in terms of grip strength and scar tenderness, at least in short-term follow-up, and that the evidence is conflicting for return to work and function. (Thoma, 2004) The complication rate appears to be higher in the endoscopic group compared to the mini palm technique. Based on the data from the randomized-controlled trials, endoscopic carpal tunnel release seems to be an



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effective procedure compared to open surgery; however, greater emphasis must be given to the training of surgeons in this technique, so that major complications such as median nerve injuries can be avoided. With proper training and equipment, endoscopic carpal tunnel release can be done safely, allowing earlier return to work, with complication rates comparable to those for the standard open technique. Early return to work after carpal tunnel surgery is more dependent on the willingness of the employer and employee than on the surgical technique. (Various references listed under "Surgical Considerations") (Chung, 1998) (Verdugo, 2002) (Shin, 2000) (AHRQ, 2003) (Saw, 2003) (Macdermid, 2003) (Wasiak, 2006) (Schmelzer, 2006) (Atroshi, 2006) A recent trial concluded that minimally invasive carpal tunnel decompression is marginally more effective than open surgery in terms of functional status, but not significantly so. (Lorgelly, 2005) A literature review covering 22,327 cases of endoscopic carpal tunnel release and 5,669 cases of open carpal tunnel release concluded that complications for carpal tunnel surgery, performed via either method, are very low, so selection of an open versus an endoscopic approach on the basis of complications is not supported by the data. (In fact, the incidence of complications for open carpal tunnel release was 0.49%, very small but actually greater than that for endoscopic methods at 0.19%.) (Benson, 2006)



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**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 (PROVIDE  
A DESCRIPTION)