

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: May 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right ECT Release 29848

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

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:

01-19-12: Nerve Conduction/Electrodiagnostic Study

03-15-12: Progress Notes by (03-15-12, 04-30-12)

03-20-12: Referral for Right ECT Release by

03-20-12: Request for Preauthorization and Current Review for Right ECTR by

03-20-12: Texas Workers' Compensation Work Status Report by

03-23-12: UR performed by

04-11-12: Letter of Appeal by

04-25-12 Patient Referral by

04-25-12: Request for Preauthorization and Current Review for Right ECTR by

04-30-12: UR performed by

04-30-12: Patient Referral

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a right hand dominant male who has worked for his current company for more than 6 years. He was injured on xx/xx/xx when he fell and landed on his right side and rolled over. He reported neck and right shoulder pain as well as some numbness and tingling in the right upper extremity. MRI study of the C-spine on 12/8/11 was unremarkable other than 3mm cervical disc protrusion at C3-C4, which is moderately impressed on the thecal sac. The claimant completed therapy sessions without much improvement. He continues to have numbness off and on in the right hand that radiates up to the shoulder.

Symptoms occur at night and with holding his cell phone up to his ear for a period of time or with welding activities. The claimant denied past history of similar injuries or symptoms.

01-19-12: Nerve Conduction/Electrodiagnostic Study by Electrodiagnostic findings: 1. Right median with prolonged distal sensory latency, decreased sensory amplitude, prolonged distal motor latency, normal motor amplitude and normal nerve conduction velocity. Temporal dispersion noted. 2. Slowing noted across the carpal tunnel segment. 3 & 4. Right ulnar/radial with normal sensory and motor nerve conduction studies. 5. No denervation potentials noted on needle EMG study. Electrodiagnostic Impression: Evidence of a moderately severe right median sensorimotor neuropathy with slowing across the carpal tunnel segment consistent with a clinical diagnosis of moderately severe right sensorimotor CTS. Clinical Impression and Recommendation: resting wrist splint to wear at night, continue with home exercises, Regular duty release. Follow up in one month.

03-15-12: Progress note dictated by Claimant complained of pain and tingling in right wrist/hand and worsens with splint in place. Noted Right shoulder injection today. Positive Tinel's sign, Positive Phalen sign, McMurray's: decreased junction 1 in right hand. Needs job modification and TENS unit. Diagnosis: Right CTS. Recommending right ECTR.

04-30-12: Progress Note dictated by states claimant continues with job modification, TENS unit and feels worse with condition.

03-20-12: Work Release extended through 4/1/12 by

03-23-12: UR preformed by. Reason for Denial: Conservative management is the cornerstone in the initial treatment of carpal tunnel syndrome. There is no documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence-based exercise program, activity moderation and medications prior to the proposed surgical procedure including corticosteroid injections. The patient underwent PT sessions with no improvement as stated in the provider's medical report; however, there were no updated therapy progress reports that objectively document the clinical and functional response of the patient from the completed sessions. The maximum potential of the conservative treatment done was not fully exhausted to indicate a surgical procedure.

04-11-12: Letter of appeal by stated further explanation of injury as the claimant was using a crane to lift a trailer axis at work and was hit by the axis impacting his right shoulder and right hand. Right hand has a positive Tinel sign, positive Phalen test, decreased sensation on the thumb, index, and middle and positive Flick sign. The claimant failed conservative treatment with medication, splinting, job modification, and the use of a TENS unit. Recommending reconsideration as patient requires surgery consisting of right endoscopic carpal tunnel release to resolve significant symptoms.

04-30-12: UR preformed by. Reason for Denial: There are no updated therapy reports provided and no documentation analysis of recent imaging studies of the right wrist. There was still no objective documentation of failure of an optimized pharmacotherapy in the patient, utilizing VAS scores with and without medication intake. There was still no submission of therapy progress notes that objectively documented the patient's clinical and functional response to physical rehabilitation as well as verify dates of service and sufficiency of visits. Electrodiagnostic and radiologist's reports of cited studies of the right wrist were still not provided.

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

The prior adverse determinations are overturned. It appears that the claimant has developed carpal tunnel syndrome. It is hard to correlate a fall that is described in his history that would lead to carpal tunnel syndrome, however he does have EMG and nerve conduction evidence that are consistent with a right carpal tunnel syndrome. His medical records were reviewed and they indicate the use of a wrist splint at night, anti-inflammatory and pain medication, home exercise program and use of a TENS unit, all without any significant relief. Therefore, I would recommend an endoscopic carpal tunnel release followed by the usual post op care. The request for Right ECT Release 29848 is found to be medically necessary.

Per ODG:

<p>Carpal tunnel release surgery (CTR)</p>	<p><u>ODG Indications for Surgery™ -- Carpal Tunnel Release:</u></p> <p>I. <u>Severe CTS</u>, requiring ALL of the following:</p> <ul style="list-style-type: none"> A. Symptoms/findings of severe CTS, requiring ALL of the following: <ol style="list-style-type: none"> 1. Muscle atrophy, severe weakness of thenar muscles 2. 2-point discrimination test > 6 mm B. Positive electrodiagnostic testing <p>--- OR ---</p> <p>II. <u>Not severe CTS</u>, requiring ALL of the following:</p> <ul style="list-style-type: none"> A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following: <ol style="list-style-type: none"> 1. Abnormal Katz hand diagram scores 2. Nocturnal symptoms 3. Flick sign (shaking hand) B. Findings by physical exam, requiring TWO of the following: <ol style="list-style-type: none"> 1. Compression test 2. Semmes-Weinstein monofilament test
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	<ul style="list-style-type: none">3. Phalen sign4. Tinel's sign5. Decreased 2-point discrimination6. Mild thenar weakness (thumb abduction) <p>C. Comorbidities: no current pregnancy</p> <p>D. Initial conservative treatment, requiring THREE of the following:</p> <ul style="list-style-type: none">1. Activity modification \geq 1 month2. Night wrist splint \geq 1 month3. 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). <p>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.]</p> <p>E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] (Hagebeuk, 2004)</p>
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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)**