

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

right open CT Release and epineurolysis of median N right elbow medial epicondylectomy and ulnar nerve decompression 64721 64718

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

M.D., Board Certified General Surgery; Fellowship trained Orthopedic Hand and Upper Extremity 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds the requested right open CT Release and epineurolysis of median N right elbow medial epicondylectomy and ulnar nerve decompression 64721 64718 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 09/19/12
Utilization review determination dated 08/10/12
Utilization review determination dated 09/04/12
MRI wrist dated 11/14/11
Clinical records 11/15/11-08/15/12
Operative report 12/01/11
EMG/NCV study dated 07/26/12
Letter of appeal dated 08/08/12
Letter of appeal dated 08/15/12
Report of medical evaluation dated 03/29/12
DWC form 69 dated 08/09/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work related injuries to the right wrist as result of heavy lifting. He was referred for MRI. MRI of the wrist was performed on 11/14/11. This study notes large distal radial ulnar joint effusion and suspected disruption of volar and dorsal ulnar radial ligaments. There is no subluxation of ulnar head. There is mild ECU tendon subluxation. He was identified as having triangular fibrocartilage tear. He was taken to surgery on 12/01/11 at which time he underwent right wrist arthroscopy, synovectomy, and debridement of TFCC tear. Postoperatively the claimant recovered. He was placed at clinical maximum medical improvement on 04/11/12. Records indicate the claimant had continued complaints of ongoing tingling in right thumb. He reported nocturnal symptoms. He is noted to have altered pinprick sensation in right thumb with positive Tinel's

at right wrist and positive Tinel's over distal lateral radius over radial nerve bilaterally. He underwent EMG/NCV studies on 07/26/12. This study notes electrodiagnostic evidence of moderately severe right carpal tunnel syndrome and evidence of mild right ulnar neuropathy at the elbow. Records indicate the claimant was treated with oral medications, splinting, with recommendation for occupational therapy.

He was identified as having severe right carpal tunnel syndrome with mild ulnar neuropathy and recommended to undergo surgical intervention. The record includes letter of appeal dated 08/08/12. This note indicates the claimant will be given a new impairment upon completion of additional surgery. The record contains a letter Dr. notes that the patient was positive signs including Tinel's and Phalen's decreased sensation correlating with the ulnar median nerve compressions he notes that he has failed conservative treatment which has included splinting rest and anti-inflammatory medication

The initial review was performed by Dr.. Dr. non-certified the request noting that a carpal tunnel release would be indicated if the patient meets specific criteria to include the completion of conservative measures he notes that there is lack of information regarding the patient's completion of conservative care to include activity modification, night wrist splinting, non-prescription analgesia, home exercise training or previous injections as such the claimant would not meet the guidelines.

An appeal review was performed by Dr. Dr. non-certified the request noting that the review lacks evidence of a physical examination of the patient, lack of progression with conservative measures documented and lack of documentation of failure of conservative measures utilized for six months a peer to peer was conducted with the requester Dr. upheld the previous denial and non-certified the request.

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

The submitted clinical records indicate that the claimant fails to meet Official Disability Guidelines for the requested procedure. Per the submitted clinical records the claimant has not exhausted conservative management. While there is some information that can be gleaned from the record, which suggests that the claimant has been treated with oral medications and bracing there is no data to establish that the claimant underwent intracarpal injections or supervised occupational therapy. In regards to the elbow there is no data to suggest that the claimant has received any conservative management for this condition to include padding and occupational therapy. Therefore based on the clinical records provided, the reviewer finds the requested right open CT Release and epineurolysis of median N right elbow medial epicondylectomy and ulnar nerve decompression 64721 64718 cannot be supported as medically necessary.

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)