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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**02/23/2013**

**IRO CASE #:**

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

Left Carpal Tunnel Surgery 64721

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

Board Certified Orthopedic Surgeon; Hand Surgeon

**REVIEW OUTCOME:**

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Clinical notes dated 08/01/12 – 11/29/12

Operative report dated 07/17/12

Therapy notes dated 10/18/12 – 10/22/12

Previous utilization reviews dated 12/04/12 and 01/10/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his left upper extremity. The operative report dated xx/xx/xx details the patient undergoing repair of a left thumb flexor pollicis longus tendon laceration. The clinical note dated 08/01/12 details the patient wearing a splint. The patient noted a decrease in pain. The suture line at the volar aspect of the thumb was noted to be intact upon examination. The clinical note dated 09/10/12 details the patient having not initiated physical therapy. Upon exam, the patient was able to demonstrate 15 degrees of passive flexion with significant stiffness at the left thumb IP joint. Mild tenderness was noted upon palpation. The clinical note dated 10/22/12 details the patient having trouble picking up items as well as pinching. The clinical note dated 11/19/12 details the patient complaining of numbness and swelling at the left hand. The note details the patient having undergone EMG/NCV studies which revealed post-traumatic carpal tunnel syndrome. The x-rays of the left thumb dated 11/29/12 revealed no fractures or foreign bodies. No dislocations were noted. Degenerative arthritis was noted at the 1<sup>st</sup> carpometacarpal joint. The therapy note dated 10/22/12 details the patient undergoing treatment for the left thumb complaints.

The previous utilization review dated 12/04/12 resulted in denial of a left carpal tunnel surgery secondary to a lack of significant findings involving a Katz hand diagram score or a positive Flick sign and a lack of activity modifications, non-prescription analgesics, or corticosteroid injections. Additionally, the patient's electrodiagnostic studies were not made available.

The utilization review dated 01/10/13 also resulted in a denial secondary to a lack of information regarding activity modifications, non-prescription analgesics, or a previous injection trial. Additionally, electrodiagnostic studies were not submitted for review.

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

The documentation submitted for review elaborates the patient

complaining of numbness in the left hand. The **Official Disability Guidelines** recommend a carpal tunnel surgery provided the patient meets specific criteria to include completion of all conservative measures as well as electrodiagnostic studies confirming the patient's exam findings. There is a lack of information regarding the patient's findings on physical examination to include a compression test, Phalen's or Tinel's sign, or a monofilament test. Additionally, there is a lack of information regarding the patient's previous completion of all conservative measures to include activity modification, splinting, non-prescription analgesia, home exercises, or a previous injection trial. Furthermore, there is mention in the clinical notes regarding the patient's electrodiagnostic studies; however, no electrodiagnostic results were submitted for review. Given the lack of information regarding the patient's significant exam findings, the lack of information regarding the patient's completion of all conservative measures, and the lack of submitted electrodiagnostic reports, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time. As such, it is the opinion of this reviewer that the request for a left carpal tunnel surgery is not recommended as medically necessary.

#### **IRO REVIEWER REPORT TEMPLATE -WC**

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#### **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**

Carpal tunnel release surgery (CTR)

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)