

Pure Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgical release of right carpal tunnel

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

Board Certified General Surgery

Fellowship: 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 11/13/12 – 05/20/13

X-rays of the right wrist dated 11/01/10

MRI of the right wrist dated 08/11/11

Electrodiagnostic studies dated 05/13/13

Previous utilization reviews dated 05/24/13 & 07/03/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his right upper extremity. The x-rays of the right wrist dated 11/01/10 revealed a distal radial fracture. The MRI of the right wrist dated 08/11/11 revealed a mild posterior arthritis of the scaphotrapezial joint. Joint space widening was also noted at the scapholunate joint. The clinical note dated 11/13/12 details the patient stating the initial injury occurred when he was rinsing down a hydraulic hose and heard a pop in the right wrist. The note does detail the patient having undergone immobilization as well as the use of non-steroidal medications. The clinical note dated 01/23/13 details the patient continuing with right hand pain. Upon exam, the patient was noted to have atrophy at the thenar and hypothenar muscles. The clinical note dated 03/19/13 details the patient utilizing Vicoprofen for ongoing pain relief. The patient was noted to have a positive Tinel's sign at the wrist. The clinical note dated 04/19/13 details the patient having a positive compression test at the right wrist. The electrodiagnostic studies completed on 05/13/13 revealed evidence of a mild carpal tunnel syndrome. The clinical note dated 05/20/13 details the patient continuing with right wrist pain. The patient was recommended for a surgical release of the carpal tunnel at that time.

The previous utilization review dated 05/24/13 resulted in a denial for a right carpal tunnel

release as no electrodiagnostic studies had been provided at that time.

The previous utilization review dated 07/03/13 resulted in a denial for a right sided carpal tunnel release as the patient was noted to have no documented response from an injection.

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 demonstrating a positive Tinel's sign along with hypothenar atrophy on the right. A carpal tunnel release is indicated provided the patient meets specific criteria to include significant clinical findings noted by exam, electrodiagnostic studies confirm the patient's carpal tunnel involvement, and the patient is noted to have previously undergone a complete course of conservative measures. The documentation does detail the patient having completed 18 physical therapy sessions to date. Additionally, the patient is noted to have undergone the use of non-prescription analgesia as well as activity modifications. Furthermore, the patient is noted to have a positive Tinel's sign as well as positive compression tests. Given the significant clinical findings indicating positive findings of carpal tunnel syndrome and taking into account the findings confirmed by electrodiagnostic studies as well as the previous attempts at conservative treatment, this request is reasonable. As such, it is the opinion of this reviewer that the request for a carpal tunnel release on the right is recommended 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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)