

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Jan/2/2014

**IRO CASE #:**

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

Left open carpal tunnel release and a left ulnar nerve decompression.

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

Board Certified Orthopedic Surgeon

**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.**

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

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical note dated 10/03/13

Electrodiagnostic studies completed on 10/03/13

Clinical note dated 10/17/13

Clinical note dated 10/28/13

Adverse determinations dated 10/23/13 & 11/13/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his left upper extremity. The electrodiagnostic studies completed on 10/03/13 revealed moderate to severe left ulnar palsy with a swelling of the left ulnar motor conduction across the ulnar groove at the elbow. The study further revealed evidence of a moderate bilateral carpal tunnel syndrome affecting the sensory and motor components. The clinical note dated 10/03/13 indicates the patient rating the left upper extremity as 7/10. X-rays of the left elbow revealed no evidence of fracture or dislocation. The patient was able to demonstrate full range of motion with no significant strength deficits. The clinical note dated 10/17/13 indicates the patient continuing with left sided carpal tunnel syndrome symptoms. The clinical note dated 10/28/13 mentions the patient having been provided with a brace. The patient was also noted to have completed 10 visits of physical therapy. Numbness and tingling were noted from the elbow to the fingers. The patient is noted to have a positive Tinel's and Phalen's at the left carpal tunnel. The patient was also noted to have a positive Tinel's sign at the elbow.

The utilization review dated 10/23/13 resulted in a denial for carpal tunnel and cubital tunnel releases as no documentation was submitted confirming the patient's completion of any conservative treatments.

The utilization review dated 11/13/13 resulted in a denial as no information was submitted confirming the patient's completion of any conservative therapies.

**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 left upper extremity pain. A carpal tunnel release would be indicated provided the patient meets specific criteria to include completion of all conservative treatments to include activity modifications for greater than 1 month, splinting at night for greater than 1 month, completion of formal therapy as well as injection therapy. There is mention in the clinical note regarding the patient having undergone formal therapy as well as activity modifications. However, no dates were submitted. Additionally, there is no therapy notes submitted for review to confirm the patient having undergone therapy addressing the carpal tunnel complaints. Furthermore, no information was submitted regarding the patient's previous injection therapy.

A left ulnar nerve decompression would be indicated provided the patient meets specific criteria to include completion of all conservative measures to include night pad and splinting for greater than 3 months, formal therapy addressing elbow flexion and extension. There is mention in the clinical note regarding the patient having been provided with a brace. However, no dates were submitted confirming the patient's use of the brace. Additionally, it is unclear if the patient has completed a full course of conservative therapy addressing the elbow complaints as no therapy notes were submitted for review. As such, it is the opinion of this reviewer that the request for a left open carpal tunnel release and a left ulnar nerve decompression is not indicated as medically necessary.

**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**