

IRO REVIEWER REPORT TEMPLATE -WC

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

06/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right carpal tunnel release/ulnar transposition 29848,64718

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)

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient felt a pop in the right upper extremity followed by pain. The patient is noted to have had a prior right shoulder acromioplasty, distal clavicle excision, and rotator cuff repair performed in October of 2009. Postoperatively, the patient was treated for the development of adhesive capsulitis. The patient followed up on 01/27/14 with complaints of numbness and tingling in the fingers. This had been persistent since July of 2013. On physical examination, Tinel's signs were absent. Recommendations were for electrodiagnostic studies. Follow up on 02/24/14 again

noted continuing complaints of numbness and tingling in the fingers. The patient still had no evidence of Tinel's signs on physical examination. Electrodiagnostic studies completed on 03/03/14 showed evidence of mild to moderate entrapment of the right ulnar nerve at the elbow. There was evidence of a moderate left carpal tunnel syndrome. There was also evidence of a moderate right carpal tunnel syndrome.

The requested right carpal tunnel release as well as ulnar nerve transposition was non-certified by utilization review on 03/17/14. The specific rationale was not noted.

The request was again denied on 04/18/14 as there was insufficient objective evidence regarding the presence of carpal tunnel or cubital tunnel syndrome as well as lack of instability at the ulnar nerve supporting a transposition procedure.

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

The patient has been followed for an extensive period of time regarding adhesive capsulitis following rotator cuff repair, acromioplasty, and distal clavicle excision procedures at the right shoulder performed in 2009. The patient did describe numbness and tingling symptoms in the hands in July of 2013. The patient did have positive electrodiagnostic evidence for a moderate right carpal tunnel syndrome. In review of records, the patient was receiving ongoing treatment in regards to adhesive capsulitis. notes did not discuss any specific conservative treatment in regards to the patient's numbness and tingling complaints in the hands. The patient's physical examination findings were also negative for evidence of carpal tunnel syndrome such as positive Tinel's or Phalen's signs. There were no abnormal sensory findings, evidence of muscle atrophy, or positive nerve compression signs. Given the limited documentation regarding conservative treatment for this patient, as well as lack of objective findings on physical examination that would corroborate electrodiagnostic studies, it is this reviewer's opinion that medical necessity in this case is not established.

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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

ODG Indications for Surgeryä -- 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](#))