



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 10/15/2014

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of outpatient left excision ganglion cyst removal hardware carpal tunnel release.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient left excision ganglion cyst removal hardware carpal tunnel release.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured on xx/xx/xx although no specific mechanism of injury has been noted recently. Records including August 13, 2014 were reviewed. complained of wrist pain, painful wrist motion "numbness in the first three digits of his hand", and "increasing swelling on the volar aspect.." Diagnoses included a fracture and ORIF of the distal radius along with "chronic regional pain syndrome that is slowly resolving" and carpal tunnel syndrome, along with painful hardware. Treatment has included numerous medications and therapy along with a spinal stimulator. Treatment also included a carpal tunnel injection on April 9, 2014 without documented sustained pain relief. On examination, there was limited motion of the wrist. Sensation was decreased in a "non-dermatomal pattern",

Tinel's and Phalen's tests and motor power were reported as being normal. "Very positive carpal tunnel compression reproducing numbness in the first three digits of his hand., "fullness consistent with possibly a ganglion in the area of the volar crease of the wrist.." X-rays revealed "some prominence of the plate impinging on the soft tissues." October 31, 2013 dated electrical studies revealed mild left carpal tunnel syndrome. Denial letters related the lack of detailed evidence of ganglion cyst on examination and lack of recent comprehensive non-operative treatment including for the diagnosis of carpal tunnel syndrome.

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

The documentation supports a consideration for hardware removal based on applicable clinical guidelines. However, there has been a lack of adequate clinical and/or imaging evidence of a ganglion cyst delineated. As such, the request for removal is not supported by applicable guidelines at this time. Finally, detailed evidence of recent and comprehensive non-operative treatment trial and failures (including for example bracing and therapy) with regards to the reported mild carpal tunnel has not been provided. Therefore, the overall combination request is not medically necessary as per applicable guidelines.

**ODG Hand/Wrist/Forearm Chapter:**

Surgery for ganglion cysts: Recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. (Singhal, 2005) (Nielsen, 2007)

Hardware implant Removal: Not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Not recommended solely to protect against allergy, carcinogenesis, or metal detection. Recommend removal of hardware when fractures are not involved, the pins are stabilizing a joint while a ligament or tendon repair is healing and they must be removed so that the joint can resume function, for example, a pin in the dip joint of a finger to stabilize while an extensor tendon is healing in place or in the wrist to stabilize carpal bones while a scapholunate or other ligament reconstruction is healing. Although hardware removal is commonly done, it should not be considered a routine procedure. The decision to remove hardware has significant economic implications, including the costs of the procedure as well as possible work time lost for postoperative recovery, and implant removal may be challenging and lead to complications, such as neurovascular injury, re-fracture, or recurrence of deformity. Current literature does not support the routine removal of implants to protect against allergy, carcinogenesis, or metal detection. (Busam, 2006) Despite advances in metallurgy, fatigue failure of hardware is common when a fracture fails to heal. Revision procedures can be difficult, usually requiring removal of intact or broken hardware. (Hak, 2008) Following fracture healing, improvement in pain relief and function can be expected after removal of hardware in patients with persistent

pain in the region of implanted hardware, after ruling out other causes of pain such as infection and nonunion. (Minkowitz, 2007).

ODG Indications for 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)

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)**