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Notice of Independent Review Decision

September 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Surgical release of right carpal tunnel (64721, 29125)

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

Certified by the American Board of Orthopaedic Surgery
Recertified by the American Board of Orthopaedic Surgery, 2011
Orthopaedic Sports Medicine Subspecialty CAQ, ABOS, 2011

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who sustained a work-related injury to his right upper extremity on xx/xx/xx. The patient injured his right hand due to repetitive use at work.

On February 26, 2013, the patient underwent right hand nerve conduction velocity (NCV) study. The study was abnormal. There was electrophysiologic evidence of a right sensory, primarily demyelinating median neuropathy at the wrist (electro physiologically mild).

On January 22, 2014, performed a right endoscopic carpal tunnel release.

On January 27, 2014, the patient was referred for hand therapy.

From January 28, 2014, through February 27, 2014, the patient attended multiple sessions of physical therapy (PT) consisting of therapeutic exercises.

Per therapy discharge note dated April 4, 2014, the patient was treated with moist heat, manual treatment and therapeutic exercises/functional activities. The patient's pain level had decreased to 2/10 from 8/10. The patient was discharged from therapy.

On May 12, 2014, evaluated the patient for sharp right hand pain and tingling/numbness in the thumb, index, middle and ring fingers. The pain level was 5/10 at rest. The patient had more pain with right hand use for work and activities of daily living (ADL). The patient also complained of nighttime right hand numbness/pain. Examination of the right hand showed well-healed endoscopic carpal tunnel release scars, volar wrist/hand tenderness and swelling, positive compression test, positive Tinel at wrist and positive Phalen. The diagnoses were carpal tunnel syndrome (CTS) and other synovitis/tenosynovitis. opined that the patient's history and physical examination and imaging findings were consistent with work related right CTS/possible incomplete release of transverse carpal ligament, flexor tenosynovitis. recommended continuing wrist bracing at nighttime, Mobic and obtaining a magnetic resonance imaging (MRI) of the right wrist. The patient underwent a urine drug screen.

On May 15, 2014, the patient was seen for a follow-up after MRI.

On May 20, 2014, noted that the recent right hand MRI showed evidence of tenosynovitis. administered injection of Marcaine, Kenalog into the right wrist. recommended continuing Mobic, wrist bracing at nighttime and activity modification. opined that the patient might need open release of right carpal tunnel.

On May 27, 2014, noted the patient had minimal improvement after the recent steroid injection. Examination of the right wrist/hand showed well-healed endoscopic carpal tunnel release scars, volar wrist/hand tenderness and mild swelling, positive compression test, positive Tinel at wrist and positive Phalen. opined that the patient might benefit from surgical release of right carpal tunnel (CPT 64721, 29125). Mobic was prescribed. The patient was to continue use of wrist brace.

Per utilization review dated May 30, 2014, the request for surgical release of right carpal tunnel (CPT 64721, 29125) was denied with the following rationale: *"I discussed the case with Office Manager. No EMG or NCV study has been completed at this time. The MRI scan is un-diagnostic and does not show persistent carpal tunnel. The guidelines require positive electrodiagnostic studies, and no electrodiagnostic studies documenting carpal tunnel syndrome were provided for review. No physical therapy progress notes were included in the medical records, to document lower levels of care of physical therapy. The records indicate the claimant has been treated with wrist bracing, but there is no*

indication of a night wrist splint for greater than one month, as required by the guidelines. Activity modification for greater than one month was not recorded. Based upon the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for right carpal tunnel release is not certified."

On June 18, 2014, a request for authorization for outpatient surgery for surgical release of the right carpal tunnel was submitted.

On June 23, 2014, evaluated the patient for right hand pain, tingling and numbness. The pain level at rest was 5/10. The patient had more pain with right hand use for work and ADLs. He also complained of nighttime right hand numbness/pain. The patient reported minimal improvement after the recent steroid injection. Examination of the right wrist/hand showed well-healed endoscopic carpal tunnel release scars, volar wrist/hand tenderness and mild swelling, positive compression test, positive Tinel at wrist and positive Phalen. prescribed Mobic and recommended continuing wrist bracing. also recommended contacting insurance company for approval of surgery.

On July 7, 2014, noted the patient was awaiting approval for surgery. The patient continued to have sharp right hand pain and tingling/numbness. The pain level was 4/10. There was nighttime right hand numbness/pain. The diagnosis was work related right CTS/incomplete release of transverse carpal ligament by endoscopic procedure. opined that the patient would benefit from open surgical release of the right carpal tunnel (CPT 64721, 29125). Mobic and Norco were prescribed. The patient was recommended to continue to use wrist brace.

Per reconsideration review dated July 18, 2014, the request for surgical release of right carpal tunnel (CPT 64721, 29125) was denied with the following rationale: *"The previous non-certification on May 30, 2014, was due to a lack of documentation of positive electrodiagnostic studies, documenting carpal tunnel syndrome and a lack of physical therapy progress notes, to document lower levels of care. Additionally, there was no documentation of treatment with wrist bracing or night wrist splinting as well as no documentation of activity modification. Additional documentation was provided for review with the physical therapy note of January 22, 2014. The previous non-certification is supported. The provided medical records do not document any positive electrodiagnostic testing, as recommended by the guidelines. There is no documentation of muscle atrophy or 2-point discrimination greater than 6 mm. There is no documentation of abnormal Katz hand diagram scores, nocturnal symptoms, or positive flick sign. Details of activity modification and wrist splinting were not provided, and efficacy of nonprescription analgesia was not documented. Failure of a home exercise program was not noted. Based on these factors, the appeal request for right carpal tunnel surgery is not certified."*

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

The preauthorization denials appear to be appropriately determined, based on the lack of documentation of diagnostic criteria and specific forms of treatment for CTS per ODG criteria.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES