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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/05/15

IRO CASE NO

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One (1) Tenosynovectomy with median nerve release, right wrist/hand, outpatient

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

Upheld	(Agree)	<u>X</u>
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

PATIENT CLINICAL HISTORY SUMMARY

Clinic note concerning patient generated date of examination,. Patient presented with pain in her neck, shoulder and arm. She reported work injury occurring in October, 2014. She was pulling down a small bag of dog food and two large bags fell onto the right side of her neck and shoulder. According to the notes, she was treated with exercise and a steroid shot. The notes do not say where the steroid shot was injected. She was weaned off steroids. An MRI of the cervical spine showed stenosis. She saw spine surgeon. Those records are not available. She was thought to have a radiculopathy. EMG AND NCV's were conducted on 11/24/14. According to the notes, there was no sign of cervical radiculopathy. The patient did have right carpal tunnel syndrome. I do not have the notes study, either.

Patient complains of aching pain in the right side of her neck and shoulder which radiates into the right arm. She reports burning in the right hand and decreased sensation involving the thumb, index, middle and ring finger. The pain is worse when she moves the arm. Past medical history reveals hypertension.

Physical examination shows full range of motion. There is no swelling; strength was normal except for a weakness of the right thumb abductors. Sensory examination showed decreased sensation involving all the fingers and thumb of the right hand compared to left. X-rays are normal.

The diagnosis of right carpal tunnel syndrome after injury to the right neck and shoulder was given. Patient was treated with carpal tunnel injection. She was seen again on 1/07/15 with the report that the patient had improved wrist pain. She had some improvement in the numbness in her fingers. Physical exam showed full range of motion, positive Phalen's test on the right. has recommended surgery. To be specific, the procedure isn't mentioned, but assuming this is carpal tunnel release. A medical record review was performed on 1/20/15 who agreed with the decision that a tenosynovectomy with medial nerve release on the right hand as outpatient was not medically necessary or appropriate at this time. A

second review was requested and performed by another doctor and also denied for lack of peer to peer.

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

Opinion: I agree with the benefit company's decision to deny the requested carpal tunnel release with tenosynovectomy as not medically necessary at this time. **Rationale:** My rationale for this is that her injury occurred to the right shoulder and neck and not the wrist. This would lead me to suspect a cervical or brachial plexus injury. The carpal tunnel syndrome would be secondary. This is known as "double crush" syndrome. Because I do not have the actual NCV and MRI, I would agree assessment. A carpal tunnel release without tenosynovectomy is medically appropriate if the actual nerve study and MRI cervical spine reports support the diagnosis of CTS. This is based on AAOS ([American Academy of Orthopaedic Surgeons](#)) treatment guidelines for CTS.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & 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 DESCRIPTION)**

***AAOS (American Academy of Orthopaedic Surgeons) Guidelines**

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