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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 10/27/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Surgery

Description of the service or services in dispute:

Pronator tunne release, right forearm with median nerve release foreware, surgical assistant and general anesthesia

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)

Patient Clinical History (Summary)

The patient is a female who reported an injury to her right elbow on XX/XX/XX. The clinical note dated xxxx indicates the patient continuing with restricted movements at the right elbow. The patient also reported 8/10 pain. Visible swelling was identified below the elbow joint on the ventral portion of the forearm. Strength deficits were identified as diminished. Numbness with the pain was also identified with a loss of grip strength in the right hand. The note indicates the patient utilizing Naproxen for pain relief. Upon exam, reduced range of motion was identified at the right elbow. The patient was able to demonstrate 5/5 strength throughout the right upper extremity. Swelling was identified at the forearm and elbow on the right. The patient was recommended to continue with physical therapy as well as a possible steroid injection. The clinical note dated xxxxx indicates the initial injury occurred when she was attempting to retrieve a X and returned to X. While lifting the X, the patient met with resistance resulting in a right lower arm injury. The patient was brought to the emergency room due to swelling and numbness. There is an indication the patient had undergone an MRI. The patient continued with complaints of diminished strength and stiffness. The patient also reported a cramping sensation in the right forearm. Upon exam, the patient continued with 5/5 strength throughout both upper extremities. The clinical note dated xxxxx indicates the patient continuing with a tingling sensation and pain along the anterior region of the forearm. Pain was elicited with pronation of the right arm. The patient reported a sensation of fullness over the volar and radial aspects of the forearm. Tenderness was identified upon palpation. Tenderness was also identified throughout the pronator and the pronator tunnel. Paresthesia was also identified along the affected areas. 4/5 strength was identified with pronation at the right.

The utilization reviews dated xxx and xxxxx resulted in denials as insufficient information was submitted regarding the severity of the patient's ongoing symptoms and it is unclear if the patient had exhausted all adequate conservative treatments. Furthermore, there is a lack of supporting evidence confirming the safety and efficacy of the proposed procedure.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient demonstrating strength deficits with right sided pronation. The clinical notes indicate the patient having previously initiated physical therapy addressing the functional deficits at the right forearm. Surgery for pronator syndrome is currently under study. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the proposed surgical intervention. Furthermore, pronator syndrome is generally treated conservatively with surgery reserved for severe cases. No information was submitted regarding the patient's severe findings. Additionally, no imaging studies were submitted confirming the patient's severe level of findings. Given the lack of supporting evidence in regards to safety and efficacy of the proposed procedure and taking into account the lack of information regarding any exceptional factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for a pronator tunnel release with a right forearm median nerve release along with a surgical assistant and general anesthesia is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)