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DATE NOTICE SENT TO ALL PARTIES: Mar/25/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right wrist carpal tunnel release

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. it is this reviewer's opinion that medical necessity of the right wrist carpal tunnel release has been established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with a date of injury of XX/XX/XX due to repetitive activities at work. The patient described wrist pain and numbness in both hands which had not improved with initial physical therapy. Medications had included the use of Celebrex as well as Wellbutrin. Electrodiagnostic studies completed on XX/XX/XX noted moderate bilateral carpal tunnel syndrome more so to the right than the left. The XX/XX/XX clinical report noted persistent numbness and tingling with pain more severe in the right wrist than the left. The patient's physical examination noted decreased sensation in a median nerve distribution bilaterally without thenar atrophy. There were positive Tinel's and Phalen's signs bilaterally with tenderness throughout the cubital tunnel to the left side. There was decreased range of motion in the fingers and hands due to pain. The report indicated that there had been no improvement with prior use of steroids or wrist splinting. The recommendation was for right carpal tunnel release. The proposed right carpal tunnel release was denied by utilization review on XX/XX/XX as there was limited documentation regarding failure of conservative management to include steroid injections. The request was again denied on XX/XX/XX due to the lack of documentation regarding non-operative management.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presents with symptomatic carpal tunnel syndrome more so to the right than the left this was verified by electrodiagnostics. The patient has not improved with prior physical therapy, several medications as well as the use of steroids and wrist splinting. Given the lack of improvement with oral steroids, it is highly unlikely in this case that the patient would improve with direct steroid injections at the carpal tunnel. Moreover, current guidelines recommend steroid injections as more of a diagnostic procedure in treating carpal tunnel syndrome.

Given the clear diagnosis of carpal tunnel syndrome supported by physical examination, as well as the failure of a reasonable amount of non-operative management, it is this reviewer's opinion that medical necessity of the right wrist carpal tunnel release has been established and the prior denials are overturned.

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

ACOEM-AMERICA 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)