



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: June 13, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of outpatient bilateral carpal tunnel releases, CPT: 24721 x2

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery. The reviewer is currently licensed and practicing in the State of Texas.

REVIEW OUTCOME

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

Upheld

CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX due to continuous use of computer and typing throughout the day at work for over XX years. She reported complaints of numbness and tingling in her bilateral wrists/hands. The claimant has been treated with conservative measures including 18 sessions of physical therapy, steroid injections, and night splints to her bilateral wrists, all of which did not provide her any significant relief. There was no documentation of medication treatment provided.

Progress note dated XX/XX/XX indicates that the claimant complained of severe bilateral wrist and hand pain. EMG/NCV of the bilateral upper extremities was performed on XX/XX/XX that revealed severe carpal tunnel syndrome. Physical examination of bilateral wrist/hands revealed no tenderness to palpation, full range of motion, strength was 5/5 to dorsiflexion and palmarflexion, no joint instability on provocative testing. Muscle tone and muscle bulk were all normal, sensation and reflexes were all normal. The claimant was diagnosed with severe bilateral carpal tunnel syndrome of bilateral wrist. The claimant was recommended for an outpatient bilateral carpal tunnel release.

Prior UR denied the request of outpatient bilateral carpal tunnel release because the requested medical services or treatments was considered not medically necessary. It was noted that "the documentation submitted for review indicated that the claimant underwent an EMG of the bilateral wrist. This was noted to have revealed severe bilateral carpal tunnel syndrome. However, the official report was not submitted for review. Furthermore, there were no objective findings such as compression test, Semmes-Weinstein monofilament, Phalen's Tinel's, decreased 2-point discrimination or thenar weakness noted. The corticosteroid injection was also noted to provide no relief. Given this, the medical necessity of bilateral carpal tunnel surgery is not substantiated."



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

This claimant has been complaining of pain, numbness and tingling in her bilateral wrists/hands. The records indicate that the claimant had EMG/NCS on XX/XX/XX that showed severe bilateral carpal tunnel syndrome (CTS), but no actual report was submitted for review. The claimant is recommended bilateral carpal tunnel release. According to the ODG, the indications for carpal tunnel release require muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test > 6 mm, and positive electrodiagnostic testing. There is no evidence of these findings documented in the available medical records. The actual electrodiagnostic test is not available for review. Additionally, ODG recommends presence of at least two of the following physical findings: Semmes-Weinstein monofilament test, Phalen sign, Tinel's sign, Decreased 2-point discrimination, and Mild thenar weakness (thumb abduction). The records available for review show no evidence of physical findings suggestive of carpal tunnel syndrome. The most recent progress note dated XX/XX/XX documented 5/5 in upper extremities and sensation intact.

Therefore, based on the ODG as well as the clinical documentation stated above, the request of outpatient bilateral carpal tunnel release is not medically necessary and appropriate.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Carpal Tunnel Syndrome (Acute & Chronic) - Online Version – Accessed 06/10/2016

Carpal tunnel release surgery (CTR)

Indications for Surgery 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



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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)

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.