

CASEREVIEW

8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558

June 5, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right decompression median nerve at wrist

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

This physician is a Board Certified Orthopedic Surgeon with over 10 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on XX/XX/XX when she fell onto an outstretched right arm.

On XX/XX/XX, DX Right Wrist, Impression: 1. Healing distal radial fracture. 2. Unfused ulnar styloid fracture.

On XX/XX/XX, the patient presented with continued right wrist pain. She had been compliant with therapy and noted improvement with strength but still had trouble with supination. It was recommended she continue therapy. On physical examination she had full pronation and limited supination to ¼ of an arch. She had full wrist extension and flexion. She had slight radial deviation because of shortening of distal radius. She had pain at extremes of supination and none with pronation at the DRUJ. She had sensation to all digits. Capillary refill was < 2 seconds. She had 2+ radial pulse. Impression: Stiffness of right wrist joint and Radius distal fracture. Plan: Continue OT for strengthening and ROM.

On XX/XX/XX, the patient presented with complaints of a lot of pain and burning and tingling in her right wrist/hand. She stated the bone was "off" and not okay. She reported a tingling sensation to the right index and thumb digit, with onset 4 months ago (XXXX). She wakes up at night with a dead hand and is dropping objects. She also has pain with resisted supination, in the 1st dorsal compartment and with activities such as wringing a washcloth. She had been compliant with therapy but had plateaued. She has continued to work since the date of injury. Physical examination remained unchanged except there was decreased sensation to the right median nerve distributions. There was tenderness at the 1st dorsal compartment. Plan: Get approval for a right carpal tunnel splint to wear at night and an EMG.

On XX/XX/XX, the patient presented for follow-up after undergoing an EMG. It was reported the EMG revealed mild to moderate carpal tunnel syndrome. It was also noted that she was not able to perform her ADL's and she was dropping objects. She also reported having trouble with fine manipulations. Physical exam remained unchanged. Plan: Due to the positive EMG, Rt CTR was recommended.

On XX/XX/XX, UR. Rationale for Denial: ODG criteria for carpal tunnel release include two clinical symptoms and findings consistent with carpal tunnel syndrome; a positive electrodiagnostic study; absence of current pregnancy; and failure of conservative treatment. However, in this case, there was no clear clinical evidence of median nerve entrapment at the level of right wrist such as Tinel's or Phalen's to support this request. It can also be noted in the above-mentioned findings that patient has multiple right wrist issues, in which pain generator has not been clearly identified. There was no documentation of a diagnostic injection. More so, it is not entirely clear if the nonsurgical attempts are exhausted prior to this request. Considering these, carpal tunnel release is not substantiated.

On XX/XX/XX, UR. Rationale for Denial: The documentation indicates the patient has continued pain at right wrist with decreased sensation to the right median nerve distribution and tenderness at the first dorsal compartment. However, there was no indication that the patient had severe carpal tunnel syndrome. There was also no official EMG report provided for review. There was no documentation that the patient had any abnormal Katz Hand Diagram score, nocturnal symptoms, or flick sign. There was also no indication that the patient had 2 of the following physical exam findings, including compression test, positive Semmes-Weinstein monofilament test, positive Phalen's sign, Tinel's sign, or decreased 2 point discrimination. There was no indication that the patient had completed all conservative treatment including a diagnostic injection. As such, the request for surgery, right decompression of median nerve at the wrist is non-certified.

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

The request for right decompression median nerve at wrist is denied. The Official Disability Guidelines (ODG) supports carpal tunnel release in patients with mild-moderate carpal tunnel syndrome (CTS) who meet the criteria for surgery. Surgical candidates must have symptoms and findings consistent with CTS. Physical exam findings include at least two of the following: positive compression test, positive Phalen sign, positive Tinel's sign, decreased 2-point discrimination, documented Semmes-Weinstein monofilament test, and mild thenar weakness (thumb abduction). Surgical candidates should have failed a course of conservative treatment. Conservative treatment includes three of the following: activity modification, night splinting, non-prescription analgesia, home surgery.

This patient complains of pain in her right hand and wrist following treatment of a distal radius fracture. She has decreased sensation in the right median nerve distribution. The electrodiagnostic study has identified mild to moderate CTS in this patient. There is no documentation of two physical findings that meet criteria for CTS. There is no documentation of response to three forms of conservative treatment. This patient is not a surgical candidate based on the ODG criteria.

PER ODG:

ODG 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
 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](#))

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

- ACOEM- AMERICAN 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)