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Date notice sent to all parties: 03/11/16

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left carpal tunnel release and left Guyon's canal surgery

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

Board Certified in Orthopedic Surgery
Board Certified in Hand 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 of the health care services in dispute.

Left carpal tunnel release – Upheld
Left Guyon's canal surgery – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XX examined the patient on XX/XX/XX. He dislocated his left shoulder at work on XX/XX/XX while levering and trying to prevent a machine roller from falling. He underwent closed reduction of the left shoulder in the local ER and was immobilized in an arm sling. He had no swelling in the left shoulder and no AC joint tenderness. Left sided elevation was 130 degrees, abduction was 120

degrees, and internal rotation was 50 degrees. Impingement signs were positive. The diagnoses were joint derangement of the shoulder, rotator cuff syndrome, dislocation of shoulder, and encounter for drug monitoring. An MRI and therapy were recommended. A left shoulder MRI revealed a near thickness retracted tear of the supraspinatus and findings consistent with biceps pulley lesion. There was partial thickness tearing of the subscapularis tendon and changes of prior anterior shoulder dislocation and relocation with humeral head Hill-Sach's fracture with extensive labral tearing. There was AC joint osteoarthritis. XX reevaluated the patient on XX/XX/XX and it was noted his case was in dispute and the recent MRI was reviewed. He had numbness in the ring and little fingers of the left hand with muscle wasting of the adductor pollicis and interossei, felt to be consistent with posttraumatic ulnar nerve neuropathy. Left shoulder arthroscopy was recommended with rotator cuff and labral tear repair. XX performed a Designated Doctor Evaluation on XX/XX/XX. He was 5 feet 6 inches tall and weighed 295 pounds. He had no previous injury to his shoulder and at the present time, he felt complete numbness and weakness of grip in the arm. On exam, he could forward flex to 100 degrees and abduct to 70 degrees, but he was restricted in all other plans due to pain. XX felt the patient had not reached MMI and he felt the disputed conditions had been aggravated by the original injury. On XX/XX/XX, the patient reported increased right upper extremity weakness. Surgery was recommended at that time and performed on XX/XX/XX. It consisted of left shoulder arthroscopy with anterior labral repair and rotator cuff tear debridement. An EMG/NCV study was obtained on XX/XX/XX of the bilateral upper extremities. There was no electrodiagnostic evidence of focal right median, radial, or ulnar neuropathies in the elbow or wrist segments, upper limbs large fiber polyneuropathy, or myopathy. There was an isolated finding that might possibly indicate mild left median sensory neuropathy at the wrist, as seen in carpal tunnel syndrome, without significant conduction block or axon loss. There was evidence of moderate left ulnar axon loss neuropathy of unclear etiology. There was focal neuropathy at the elbow, plexus, and less likely C8-T1 radiculopathy that could not be ruled out entirely. Mild active denervation was noted at the left FDI and left ADM with chronic neurogenic changes and reinnervation of the left FDI. XX reevaluated the patient on XX/XX/XX and had left hand numbness with thenar muscle atrophy. The EMG/NCV study was noted to show left ulnar and median neuropathy. He had left shoulder stiffness and he had atrophy of the thenar and hypothenar muscles of the left wrist/hand. Fromen's was positive and pinprick was within normal limits. Tinel's was positive at the wrist and Phalen's was positive at the cubital tunnel. There was numbness in the ulnar and median distribution. It was noted the left median and ulnar neuropathy had been resistant to therapy, bracing, medications, and activity modification. Surgical release was recommended. The patient then attended therapy on XX/XX/XX-XX/XX/XX and XX/XX/XX. He received therapeutic exercises and manual therapy. As of XX/XX/XX, he was slowly improving with the left shoulder and had minimal to no change in his left hand pain or weakness. He had ulnar sided burning and numbness to the left hand and cramping of the 3rd-5th digits. Grip strength was reduced on the left.

Continued therapy was recommended at that time. XX reevaluated the patient on XX/XX/XX and he was essentially unchanged. Surgical release was again recommended. On XX/XX/XX, XX provided an adverse determination for the requested left carpal tunnel release and left Guyon's canal surgery. XX provided a preauthorization request on XX/XX/XX. On XX/XX/XX, XX provided another adverse determination for the requested left carpal tunnel release and left Guyon's canal surgery. The patient then followed-up on XX/XX/XX. He still had left hand numbness and pain and requested a left shoulder steroid injection, as it had helped in the past. His exam revealed anterolateral left shoulder tenderness. There was atrophy of the thenar and hypothenar muscles of the left hand/wrist. Fromen's, Tinel's, and Phalen's were positive and there was numbness in the median and ulnar nerve distributions. The left shoulder was injected at that time. XX advised the patient to continue bracing and Motrin as needed. No recommendations for the left hand/wrist were noted.

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

Relating to carpal tunnel release and Guyon's canal surgery, the Official Disability Guidelines (ODG) - Treatment in Workers' Compensation evidence-based protocols state that ODG indications for carpal tunnel release are:

- I. Severe carpal tunnel syndrome, requiring ALL of the following:
 - A. Symptoms/findings of severe carpal tunnel syndrome, requiring ALL of the following:
 1. Muscle atrophy, severe weakness of thenar muscles
 2. Two-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's sign
 4. Tinel's sign
 5. Decreased two-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 >= 1 month

2. Night wrist splint \geq 1 month
 3. Non-prescription analgesia (i.e., acetaminophen)
 4. Home exercise training (provided by physician, healthcare provider or therapist)
 5. Successful initial outcome from corticosteroid injection trial (optional). 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.

In the reviewed medical records there is no documentation that would validate a diagnosis of neuropathy of either the median nerve, carpal tunnel, or the ulnar nerve, Guyon's canal, for the following reasons:

1. There was no documentation of a detailed of the description of "numbness" and/or "atrophy".
2. There is no discernible documentation of detailed abnormal objective findings on the physical examination of the patient.
3. There is no discernible documentation that the non-surgical treatment regimen as specified by the ODG was effected prior to any recommendations for surgery, including the requested left carpal tunnel release and surgery of the left Guyon's canal.
4. The electrodiagnostic study of the upper extremities on XX/XX/XX, cannot be considered to be valid since the documentation did not validate that the study fulfilled the standards for validity as established by the American Association of Electrodiagnostic Medicine Guidelines. The American Association of Electrodiagnostic Medicine Guidelines established that the minimal surface temperature of a tested upper extremity would be 32° Celsius in order to avoid "false positive" results. In this case, the documented temperature was 29.3 c (Celsius).

Since the reviewed documentation did not contain data that would satisfy the ODG - Treatment in Workers' Compensation evidence based protocols and in the absence of specific credible data to the contrary, the requested left carpal tunnel release and left Guyon's canal surgery is not considered medically necessary or appropriate and the previous adverse determinations should be upheld at this time.

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)**