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[Date notice sent to all parties]:

03/01/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left ulnar nerve transposition submuscular with forearm flexor tendon lengthening as an outpatient

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

Board Certified Orthopedic Surgeon

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 male who was injured on XX/XX/XX within insidious onset of symptoms in the left elbow. The patient is noted to have had a prior mini open right carpal tunnel release completed on XX/XX/XX. Treatment had included anti-inflammatories, bracing, and physical therapy; however, no prior therapy records were available for review. The patient had recent electrodiagnostic studies completed on XX/XX/XX which noted evidence of a mild to moderate right ulnar neuropathy in the elbow segment as well as moderate left ulnar neuropathy at the elbow and possibly the wrist segments. There were chronic findings noted on needle EMG indicating that findings may persist after any surgery. The XX/XX/XX record noted ongoing use of hydrocodone for pain. The patient's physical examination noted tenderness at the right elbow at the ulnar nerve. There was subtle intrinsic weakness noted. There was also decreased sensation in the fourth and fifth digits of the right hand. The evaluation did not identify any clear evidence of subluxation of the ulnar nerve out of the groove. The record described excellent results from a previous left ulnar nerve transposition. The patient was recommended proceed with right ulnar nerve transposition with a flexor tendon lengthening procedure. The requested surgical

procedures were denied on XX/XX/XX as there was no indication to justify flexor tendon lengthening procedures. The request was again denied on XX/XX/XX as there was no clinical rationale for a flexor tendon lengthening procedure.

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

The patient presents with objective evidence regarding ongoing left ulnar nerve neuropathy based on recent electrodiagnostic studies. However, the XX/XX/XX record noted the patient had already undergone a left ulnar nerve transposition with excellent results. The request was specifically indicating that a left ulnar nerve transposition procedure was being requested. There is an inconsistency in the surgical request versus the recommendations made on XX/XX/XX which were never clarified. Furthermore, the records still do in still did not provide any specific rationale for performing a tendon lengthening procedure. As the prior reviewer's concerns have not been addressed in the clinical records provided, is this reviewer's opinion that medical necessity for the request has not been established at this time. Therefore, the prior denials remain upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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)**

Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016, Elbow Chapter.

ODG Indications for Surgery -- Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring ALL of the following:

- Exercise: Strengthening the elbow flexors/extensors isometrically and isotonicly within 0-45 degrees
- Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma.
- Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve.
- Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence.