

# Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 572-0836

Email: [resolutions.manager@cri-iro.com](mailto:resolutions.manager@cri-iro.com)

## *Description of the service or services in dispute:*

64721 - Decompression for carpal tunnel syndrome / versus 29848 - Endoscopic surgery for wrist with release of transvers carpal ligament

64718 - Decompression of ulnar nerve at elbow / versus 29999 Arthroscopy, unlisted procedure

## *Description of the qualifications for each physician or other health care provider who reviewed the decision:*

Board Certified Orthopedic Surgery

## *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)

## *Patient Clinical History (Summary)*

XXXX diagnosed with left carpal and cubital tunnel syndrome. XXXX stated the left wrist pain had developed on XXXX, after being involved in a XXXX.

The claimant visited XXXX on XXXX for left wrist pain. Since the prior visit, XXXX continued to experience intermittent pain with added pressure along XXXX incision. XXXX noted continued numbness/tingling in XXXX left thumb. At the time, XXXX was taking Ibuprofen as needed for pain. On examination, light touch perception was diminished along the ulnar nerve. The surgical incision at the anterior wrist was healed with a hypertrophic scar. XXXX had mild tenderness present in the radial surface of the volar wrist.

An EMG study confirmed left carpal and cubital tunnel syndrome.

Treatment to date included left volar wrist ganglion cyst excision on XXXX, physical/occupational therapy (four visits as of XXXX) and medication (Ibuprofen).

Per a utilization review dated XXXX, the requested services for left carpal tunnel release, endoscopic versus open (64721 versus 29848) and left cubital tunnel release, endoscopic versus open (64718 versus 29999) were not certified as the provider failed to document the specific symptoms and a detailed and comprehensive examination of the **right hand** to necessitate the need for the request. There was limited subjective and objective findings to support such surgery. There were also no clear documented measurable objective findings of failure from non-operative treatment options. Documentation of trial and failure of all other lower levels of care was not identified in records prior to considering surgical intervention. Thus, the request was not medically necessary. Per an addendum, the patient had a ganglion cyst. This was treated surgically and then XXXX developed left cubital tunnel and carpal tunnel syndrome. The patient had numbness and tingling and positive elbow test and compression test.

There was a widened two-point discrimination. The patient did not fully meet the criteria. The patient's symptoms and EMG studies were mild at best and the patient would best be served with a strong home rehabilitation program. Therefore, the requests were denied.

Per a Notification of Reconsideration Adverse Determination/peer review dated XXXX, the requested services of left wrist surgery were denied. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, the request was non-certified. The most recent medical report had limited objective finding to warrant the need for the request; there were limited physical findings and symptoms. Furthermore, it was noted that the patient had completed four sessions of occupational therapy for the left wrist/hand as of XXXX; however, there was no medical report submitted to validate the objective response. In addition, the guidelines recommended a successful initial outcome from corticosteroid injection trial prior to considering surgery. There were no significant objective changes in the medical records submitted to overturn the previous denial of the request. Thus, the request was not supported.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG supports the use of operative intervention for the management of carpal tunnel syndrome. In cases which are not severe, if there is documentation of significant nocturnal symptoms and pain/paresthesia or an abnormal Katz hand diagram score in the setting of positive objective examination findings with no comorbidities and failure of initial conservative treatment including activity modification, splinting, nonprescription analgesia, or a home exercise program, operative intervention would be supported. While corticosteroid injections are supported as an option for carpal tunnel syndrome, the ODG does not indicate that this procedure is mandatory prior to proceeding with operative intervention. Given the clinical documentation available, the patient meets the criteria for carpal tunnel release. Specifically, there are reported nocturnal symptoms and evidence of an abnormal Katz hand diagram score based on the physical examination findings and subjective complaints. Objective examination findings are consistent with carpal tunnel syndrome, there no significant comorbidities, and there is reported failure of conservative treatment to include activity modification, splinting, and formal occupational therapy. These findings would be sufficient to support the carpal tunnel release.

Regarding the requested cubital tunnel release, the ODG supports operative intervention when at least 3 months of conservative care have been completed with subjective complaints and objective findings consistent with cubital tunnel syndrome. Based on the documentation available, the conservative modalities have been tried and failed for management of cubital tunnel syndrome, including activity modification, medications, and physical therapy. Subjective complaints are consistent with cubital tunnel syndrome, as are the objective findings and the diagnosis, which has been validated by electrodiagnostic testing. Given the information provided, the injured worker meets the criteria for cubital tunnel release as outlined by the ODG.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
  - AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
  - Compensation Policies and Guidelines European Guidelines for Management of Chronic Low
  - Back Pain Interqual Criteria
  - Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
  - Mercy Center Consensus Conference Guidelines
  - Milliman Care Guidelines
  - ODG-Official Disability Guidelines and Treatment Guidelines  
Carpal tunnel release surgery (CTR)  
Recommended after an accurate diagnosis of moderate or severe CTS.  
See also Electrodiagnostic studies (EDS).  
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 for median nerve entrapment in cases of documented non-classic median nerve findings (e.g. cervical radicular, ulnar nerve, peripheral neuropathy)  
--- 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 for median nerve entrapment in cases of documented non-classic median nerve findings (e.g. cervical radicular, ulnar nerve, peripheral neuropathy) [note

that successful outcomes from injection trial or conservative treatment may affect test results (Hagebeuk, 2004)]

Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

Recommended as indicated below (simple decompression in most cases). Surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve clearly subluxes (snaps) during elbow motion, since mild subluxation is naturally present in over a third of population.

See also Cubital tunnel syndrome (ulnar nerve entrapment) testing.

ODG Indications for Surgery -- Surgery for cubital tunnel syndrome: Failed initial conservative treatment (unless clearly documented acute or advanced findings of motor weakness, muscle atrophy, and fixed sensory changes) requiring ALL of the following:

1. Conservative Care: Recommend at least 3 months (since many patients can be treated non-operatively, benefitting from time and education): Avoidance of direct elbow contact, decreased repetitive elbow activity, NSAIDs, and night splinting to prevent pressure and excessive elbow flexion during sleep. Physical therapy is occasionally beneficial, but corticosteroid injections are not. PLUS

2. Subjective Clinical Findings: Pain, functional difficulty, and sensory deficit involving small/ring fingers. PLUS

3. Objective Clinical Findings: Physical exam demonstrates Compressive tenderness over the cubital tunnel in elbow flexion with positive Tinel's sign OR 2-point discrimination test > 6 mm in small/ring fingers OR Positive elbow flexion test; AND Abnormalities on nerve conduction studies consistent with ulnar neuropathy at the elbow. AND Absence of other mimicking conditions like C8 radiculopathy, Ulnar tunnel syndrome (wrist), Diabetic peripheral neuropathy, Pancoast tumor, and Pressure palsy PLUS

4. Imaging Clinical Findings: Conventional x-rays do not show other unexpected findings requiring additional surgical consideration (e.g. osteomyelitis, tumor, severe OA, malunion, etc.) Ultrasound and MRI may occasionally have a limited diagnostic role only for equivocal and confusing cases, sometimes revealing subtle objective morphological changes in the ulnar nerve and/or compression site.

- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)