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**An Independent Review Organization**  
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*Description of the service or services in dispute:*

24000 - Exploratory elbow surgery  
26520 - Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint  
29846 - Arthroscopy of wrist, surgical with excision or debridement  
64718 - Decompression of ulnar nerve at elbow  
64721 - Decompression for carpal tunnel syndrome  
20605 - Aspiration of ganglion cyst, intermediate joint

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

Board Certified Family Medicine  
Board Certified Addiction Medicine

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

*Patient Clinical History (Summary)*

XXXX is a XX-year-XX who was diagnosed with carpal tunnel syndrome of bilateral upper limbs, unspecified sprain of right wrist, sprain of carpal joint of left wrist and medial epicondylitis, unspecified elbow.

XX was injured on XXXX due to a XXXX.

Per a visit note dated XXXX by XXXX, XXXX presented for bilateral hand pain. The physical examination of bilateral elbows revealed tenderness over the lateral epicondyle olecranon. The pain was present with resisted wrist extension. Positive Tinel's sign was noted. On bilateral hands/wrists, tenderness was present over the entire wrist circumferentially, worse at the ulnar fovea. There were positive triangular fibrocartilage complex (TFCC) test and ECU synergy test with no subluxation of extensor carpi ulnaris (ECU) with forearm rotation. Radial/ulnar pulse was 2+ and capillary refill was less than two seconds in all fingers, which were pink/warm. Positive Tinel's, Durkin's and Phalen's tunnel signs were noted.

On XXXX, electro diagnostic studies were found positive for bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome.

The treatment to date included medications, physical therapy, occupational therapy and corticosteroid injection, as well as a home exercise program.

XXXX evaluated the claimant on XXXX. A physical examination noted a positive Tinel's in the bilateral elbows and a positive Phalen's at the carpal tunnel. The plan was to proceed with a right carpal tunnel release and ulnar neurolysis.

Per a utilization review decision letter dated XXXX, XXXX (Orthopedic Surgery) denied the request for right carpal tunnel release; ulnar neurolysis at the elbow; medial and lateral epicondyle debridement's; wrist arthroscopy assessment; triangular fibrocartilage complex (TFCC) with either repair or debridement; as well as index, long, ring, small finger metacarpophalangeal joint manipulations. The reason for determination included, the degree of conservative care offered for the carpal tunnel syndrome and epicondylitis needed to be further documented. While bracing and injections were discussed, it was not clear by the review of the records how long bracing had been attempted, and it was also not clear if any injections brought even temporary relief. The guidelines recommended approximately 12 months of conservative care for epicondylitis prior to the surgery. There was no indication of triangular fibrocartilage complex pathology, as imaging documenting triangular fibrocartilage complex pathology had not been provided. The guidelines did not support manipulation of the hand or fingers under sedation. Therefore, the request was not medically supported.

Per a utilization review decision letter dated XXXX, the prior decision was upheld by XXXX (Orthopedic Surgery). Rationale: The request was previously noncertified on XXXX, due to lack of documentation supporting the medical necessity of the entire request. No additional documentation was provided. The request remained uncertified. There was no objective documentation of persistent epicondylitis despite conservative treatment, to support the medical necessity for the requested surgery for epicondylitis. There was electrodiagnostic testing suggesting moderate cubital and carpal tunnel syndromes with reports of persistent symptoms despite conservative treatment, per the physician; however, there was lack of true, objective documentation supporting the medical necessity of the request in its entirety, to include medial and lateral epicondyle debridement and the wrist injection. Therefore, the request would not be warranted. The reconsideration request for right carpal tunnel release with ulnar neurolysis at the elbow, medial and lateral epicondyle debridement's, and wrist injections was not certified.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.*** The clinical findings would not support the surgical requests. While the extensive records documented prior conservative treatment, there are inconsistent clinical findings to support surgery as requested. The XXXX designated doctor evaluation noted substantial pain behaviors during the physical exam and the claimant would not allow even minimal contact. The claimant was unable to provide any consistent effort during the exam. These findings do not correlate with other reported physical exam findings for the elbow or wrist including the XXXX clinical findings. Without additional correlating evidence between physical exams from different providers, it is this reviewer's opinion that medical necessity for the requests is not established and the prior denials are upheld.

*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
- 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

***Elbow Chapter***

*Surgery for cubital tunnel syndrome –*

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.

*Surgery for Epicondylitis –*

Recommended for chronic lateral or medial epicondylitis as indicated below, after 12 months of failed conservative treatment.

Criteria for Epicondylar Release for Chronic Epicondylalgia:

- Limit to persistent symptoms that interfere with activities that have not responded to an appropriate period of nonsurgical treatment, over 95% recover with conservative treatment
- 12 months of compliance with non-operative management: Failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow.

- Any of three lateral surgical approaches are acceptable (open, percutaneous and arthroscopic); open approach for medial.

### **Forearm, Wrist, and Hand Chapter**

Recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. (Singhal, 2005) (Nielsen, 2007)

### **Carpal Tunnel Syndrome Chapter**

*Carpal Tunnel Release Surgery –*

ODG Indications for Surgery™ -- Carpal Tunnel Release:

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. 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). 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)]

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)