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Date notice sent to all parties: 01/19/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right carpal tunnel release

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

Board Certified in Orthopedic Surgery
Fellow of the American Academy of Orthopedic Surgeons
Fellow of the American Association of Orthopedic Surgeons
Diplomate of the American Board of Orthopedic Surgery

REVIEW OUTCOME:

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

X 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.

Right carpal tunnel release – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

XXXX examined the patient on XXXX and XXXX was status post ORIF of a right radial styloid fracture. XXXX was placed in a thumb spica splint. On XXXX, XXXX had received several weeks of therapy and XXXX complained of severe numbness in XXXX fingers and weakness of XXXX hand. XXXX function remained severely impaired. XXXX had some mild edema of the right hand with 50% normal range of motion. XXXX had slight weakness of the intrinsics and decreased sensation of the ring and little fingers. Bilateral upper extremities were otherwise intact. An EMG/NCV study and

aggressive therapy were recommended. On XXXX an EMG of the right upper extremity was performed and it was noted to show moderate carpal tunnel syndrome and moderate distal ulnar neuropathy. It was noted both of these appeared to be neurapraxia rather than axonal. XXXX reviewed the study on XXXX and felt it showed probable posttraumatic carpal tunnel syndrome and possible some ulnar nerve damage at the wrist. It was noted XXXX MRI had been denied and that according to a peer review, the findings of carpal tunnel syndrome were not compensable. XXXX had right hand swelling, decreased supination, decreased flexion and extension in the wrist, and decreased strength in the hand intrinsics. No atrophy was noted. XXXX appeared to have some sensory impairments of all the digits. XXXX noted the patient needed the MRI and XXXX again noted this on XXXX. The MRI was then obtained on XXXX and showed the 1st through 3rd extensor compartments were partially obscured by metal artifact. The TFC was thin at the radial aspect without definite tear. There was distal radial fracture fixation hardware associated metal susceptibility artifact making evaluation difficult. No acute injury was seen on the exam. On XXXX, the patient was discharged from therapy. XXXX DASH score was 96 on XXXX and was 64 on XXXX. On XXXX, XXXX noted the patient had a DDE that indicated the nerve damage was posttraumatic and agreed with surgical treatment. XXXX had right hand swelling, decreased range of motion, and decreased intrinsic strength without atrophy. XXXX would be scheduled for right carpal tunnel release, which was noted to also effectively decompress the ulnar nerve at the wrist. On XXXX, XXXX provided a non-authorization for the requested right carpal tunnel release. On XXXX, XXXX noted they would re-request surgery, which XXXX provided another denial for on XXXX. XXXX then followed-up with the patient on XXXX. XXXX complained of severe numbness in XXXX fingers and weakness in XXXX hand. XXXX had positive Tinel's and Phalen's at the wrist, as well as decreased sensation in all the digits. XXXX still had weakness, but no atrophy. XXXX recommended an appeal process. As of XXXX, the patient's complaints were essentially unchanged. XXXX examination was also essentially unchanged. XXXX noted they would request an IRO.

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

The patient is a XX-year-old XXXX who reportedly sustained a work-related injury on XXXX. The mechanism of injury and specific details are not in the material reviewed. The patient underwent an open reduction internal fixation of a right distal radius fracture on XXXX. Postoperative note on XXXX by XXXX. XXXXX reported XXXX was neurologically intact at XXXX visit on that date. XXXX reported severe numbness in XXXX fingers and weakness on XXXXX. XXXX particularly noted decreased sensation in the ring and long fingers, which would be more consistent with an ulnar nerve lesion. An electrodiagnostic test was performed on XXXX with documented moderate carpal tunnel syndrome and moderate distal ulnar nerve neuropathy. XXXX felt the studies were consistent with neuropraxia rather than axonal. An MRI scan performed on XXXX documented unremarkable median nerve and flexor retinaculum. Based on the documentation reviewed, the requested procedure was not certified by XXXX on initial review on XXXX. Her non-certification was upheld on reconsideration/appeal on XXXX by XXXX. Both reviewers attempted peer-to-peer without success and based their opinions on the Official Disability Guidelines (ODG).

The evidence based ODG indications for carpal tunnel release include the following: I) For 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 or thenar muscles. 2) Two-point discrimination tests greater than 6 mm. B) Positive electrodiagnostic testing for median nerve entrapment in cases of documented non-classic median nerve findings (i.e., cervical radiculopathy, ulnar nerve peripheral neuropathy). II) Not severe carpal tunnel syndrome requiring all of the following: A) Symptoms (pain/numbness - paresthesias - impaired dexterity) requiring two of the following: 1)

Abnormal Katz Hand Diagram Scores. 2) Nocturnal symptoms. 3) Flick sign (shaking hands). B) Findings by physical exam requiring two of the following: 1) Compression tests. 2) Semmes-Weinstein Monofilament test. 3) Phalen sign. 4) Tinel sign. 5) Decreased two-point discrimination. 6) Mild thenar weakness (thumb abduction). C) Co-morbidities, no current pregnancy. D) Initial conservative treatment requiring three of the following: 1) Activity modification greater than or equal to one month. 2) Night splint greater than or equal to one month. 3) Nonprescription analgesic (i.e., acetaminophen). 4) Home exercise training provided by a physician, healthcare provider, or therapist. 5) Successful initial outcome from corticosteroid trial, optional. The injection's 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 nerves findings (i.e., cervical radicular, ulnar nerve peripheral neuropathy). Note that successful outcomes from injection trial or conservative treatment may affect test results (Hagebeuk 2004).

It should be noted the ODG are explicit, in that this particular case does not meet the severe carpal tunnel syndrome findings, that all of the following under II, or not severe carpal tunnel syndrome, be present and documented. Both reviewers noted deficiencies, as outlined by the criteria above. The requested procedure does not meet the criteria as outlined by the ODG since there is no significant documentation in particular of initial conservative treatment, which should include three of the following: Activity modification, night splint, nonprescription analgesia, or home exercise training. In addition, the patient's medical records did not document an abnormal Katz Hand Diagram score, nocturnal symptoms, or Flick sign. Therefore, the requested right carpal tunnel release is not in accordance with the criteria outlined by the evidence-based ODG 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**

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X 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)**