

I-Resolutions Inc.

An Independent Review Organization

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Review Outcome

Description of the service or services in dispute:

Right hand surgery.

64721 – Neuroplasty and/or transposition; median nerve at carpal tunnel

64718 – Neuroplasty and/or transposition; ulnar nerve at elbow

29846 – Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement

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:

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

Patient Clinical History (Summary)

XX who was diagnosed with right wrist pain, possible TFCC tear, right carpal tunnel syndrome, and right cubital tunnel syndrome. XX was status post right upper extremity injury on XXXX. While XX was XX, a work colleague XX.

Per a report by XX dated XX, the patient had a follow-up for right wrist pain, possible triangular fibrocartilage complex cartilage (TFCC) tear, right carpal tunnel syndrome and right cubital tunnel syndrome. The symptoms included pain, swelling and numbness. The pain had aggravated since XX last visit, and XX felt like XX arm was twitching, becoming discolored secondary to swelling. XX also experienced cramping in XX hand. Exacerbating factors were repetitive gripping, repetitive pinching, sustained hand positions, driving long distances, and talking on the phone. Current clinical findings showed tenderness in the TFCC at the right wrist. Tinel's was exquisitely positive at the ulnar nerve of the right elbow and involving the ulnar digits. Tinel's and carpal tunnel compression tests were positive at the carpal tunnel of the right wrist. Two-point discrimination was not intact at 6 mm of the ulnar and radial borders right long, ring, and small fingers.

Treatment to date consisted of medications, brace and elbow pad, therapeutic and diagnostic carpal tunnel injections in the right wrist and physical therapy.

X-rays of the right wrist dated XXXX showed an old traumatic fracture of the ulnar styloid. Otherwise, no acute abnormality was identified.

An electrodiagnostic study dated XXXX, showed no electrodiagnostic evidence of right median or ulnar mononeuropathy, right cervical radiculopathy, brachial plexopathy, or large fibers peripheral polyneuropathy.

An MRI of the right wrist dated XXXX revealed a small, vertically oriented tear involving the radial aspect of the triangular fibrocartilage. A multi-septated fluid collection was seen along the dorsum of the wrist at the level of the scapholunate joint, measuring 5 mm, likely reflecting ganglion.

X-rays of the right hand dated XXXX showed no acute bony abnormality.

I-Resolution Inc.

Notice of Independent Review Decision

Case Number: XXXXXX

Date of Notice: XXXX

Per a utilization review determination letter by XX dated XXXX, the request for right wrist arthroscopy with excision and repair of triangular fibrocartilage, neuroplasty/transposition, ulnar nerve right elbow and right neuroplasty/transposition, medial nerve carpal tunnel was denied. It was determined that XX nerve conduction study (NCS) was read as a "normal study," implying there was no evidence of median or ulnar neuropathy. The guidelines specifically recommended positive NCS prior to carpal tunnel release or ulnar nerve transposition. Exceptional factors were not noted.

A letter dated XXXX by XX indicated that the reconsideration request was denied/noncertified. It was determined that the injured worker did not fully meet the guidelines for the numerous requested procedures. XX had been treated with therapy, injection and splinting; however, it was unclear if those measures had been exhausted within the guidelines. XX also had no specific findings on EMG. There were no pertinent clinical or extenuating circumstances that were required deviation from the guidelines; therefore, the request remained not medically necessary.

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

The ODG recommends ulnar nerve decompression surgery for cubital tunnel syndrome. The ODG recommends carpal tunnel release surgery after an accurate diagnosis of moderate or severe carpal tunnels syndrome with positive electrodiagnostic studies. The provided documentation includes an electrodiagnostic study report from XXXX which states that the study was normal and there was no electrodiagnostic evidence of right median or ulnar neuropathy. The ODG recommends triangular fibrocartilage complex reconstruction as a treatment option. The provided documentation requests triangular fibrocartilage complex debridement, not reconstruction. As the ODG criteria are not met for any of the three requested procedures, the utilization reviews completed on XXXX and XXXX were appropriate in recommending noncertification.

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

*The 2018 Official Disability Guidelines, 22nd edition, The Work Loss Data Institute. Online edition
-Elbow Chapter*

- 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
- 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)