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**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

XX release XX wrist

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

MD, Board Certified Orthopedic Surgery

**REVIEW OUTCOME:**

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

Overturned (Disagree)

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]:**

This claimant has a XXXX history of pain and numbness in the XX hands. There is no description of an acute mechanism of injury. XXXX has had treatment with medications and activity modification. Physical findings by XXXX reported positive carpal compression and positive Phalen's tests bilaterally. XXXX had decreased sensation in the median dermatomal distribution.

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

The request is certified as meeting criteria from ODG for decompression of the median nerve. XXXX has a XXXX year history of conservative care without improvement, positive carpal compression and positive XX testing, and a positive XX for moderate XX on the XX. The medical records note that the claimant meets all criteria from ODG for consideration of surgery.

Therefore, the requested approval for a decompression of the left median nerve is certified due to meeting criteria established by ODG recommendations.

Based on the updated records, it is this reviewer's opinion that medical necessity is established and the prior denials are overturned.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Documentation

Recommended only with an accurate diagnosis of moderate or severe XX. Consideration of XX should reflect an understanding of the natural history of XX without surgery, as well as appropriate medical treatment for any co-morbidity. Significant spontaneous clinical and electro-diagnostic improvements can occur with untreated CTS, paradoxically more so with younger age and more severe initial symptoms. ([Padua, 2001](#)) XX year outcomes of patients who cancelled their XX surgery compared with a XX cohort resulted in overall symptom and functional improvements for both groups, although surgical results were somewhat better. ([Pensy, 2011](#)) Non-operative XX patients who remained symptomatic enough to require electrodiagnostic testing XX years later demonstrated only slow progression of prolonged distal motor latency. ([van Suchtelen, 2014](#)) For specific discussions of bilateral surgery and adjunctive procedures see sub-sections below.

. Non- severe XX, 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. 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 or treatable disease

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 XX trial (optional). See *[Relief of symptoms can assist in confirmation of diagnosis and serves as a good indicator for surgical success, especially when electrodiagnostic testing is not readily available.]*

E. Positive XX for documented non-classic median nerve findings (e.g. XX) *[Note that successful outcomes from injection or conservative treatment may improve test results. ([Hagebeuk, 2004](#))]*