

# True Resolutions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #624

Mansfield, TX 76063

Phone: (512) 501-3856

Fax: (888) 415-9586

Email: [manager@trueresolutionsiro.com](mailto:manager@trueresolutionsiro.com)

Date: 10/3/2018 3:33:48 PM CST

## DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX elbow XX XX nerve XX, XX wrist open XX, XX wrist XX with XX

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

## REVIEW OUTCOME:

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

- |                                               |                                |
|-----------------------------------------------|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

## PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as work related. The patient was diagnosed with XX XX tunnel syndrome, XX XX, and XX wrist XX tear. MRI of the XX wrist dated XXXX revealed low-grade sprain along the XX band of the XX without a XX XX tear as well as difficulty assessing for a XX XX XX due to the injection of the contrast. XX of the XX wrist dated XXXX revealed mild to moderate XX XX at the wrist. There was prolonged XX XX sensory XX and slowed conduction velocity across the wrist suggestive of a mild XX XX neuropathy at the wrist. Progress note dated XXXX revealed that the patient complained of XX XX extremity pain and weakness. The patient reported numbness in the median and XX nerve distribution of the hand, weakness of finger abduction and pinch, pain with wrist extension on the XX side of the wrist, and severe XX pain with radiation and XX symptoms. The physical examination of the XX XX extremities revealed tenderness palpation over the XX nerve at the XX tunnel and XX canal. There was also tenderness over the scapholunate ligament. There was full range of motion of the elbow, and wrist and fingers with significant pain at the dorsum of the wrist with greater than 80 degrees of wrist extension. There was a positive XX overlying the XX nerve at the elbow and wrist with subtle subluxation of the XX nerve is severely exacerbated his symptoms. The provider notes that a mild XX intercalated instability deformity consistent with a possible XX tear as well as a large fluid collection in the posterior aspect of the joint could be a XX XX or collection of contrast.

## ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

**FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Regarding the request for XX elbow XX XX nerve transposition, EMG/NCV of XX wrist did revealed mild to moderate XX median neuropathy at the wrist. MRI of the XX wrist revealed a low-grade sprain along the XX band of the scapholunate ligament without a XX ligament tear. However, the NCS showed mild XX XX neuropathy at the wrist, not across the elbow. There was also limited evidence of XX nerve subluxation with movement of the elbow. As such, the request for XX elbow XX XX nerve transposition is not medically necessary. Regarding the request for XX wrist open carpal tunnel release, and XX wrist diagnostic arthroscopy with XX. the patient was denied XX elbow XX XX nerve transposition.

Therefore, the request for XX open carpal tunnel release and XX wrist diagnostic arthroscopy with XX is not medically necessary and upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Elbow, Surgery for XX tunnel syndrome (XX nerve entrapment). and ODG Indications for Surgery -- Surgery for XX 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: