US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (512) 870-8452
Email: manager@us-decisions.com

10/08/2018

Description of the service or services in dispute:
XX carpal tunnel release
XX - Decompression for carpal tunnel syndrome

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified General Surgeon

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 who was diagnosed with carpal tunnel syndrome, XX XX limb (XX.XX). XXXX reported that there was no injury sustained, just numbness and tingling from repetitive work. XXXX had pain in the XX wrist and XX shoulder that started sometime in XXXX.

Per an office visit dated XXXX presented with XX wrist weakness. XXXX stated that the symptoms had been acute traumatic and began on XXXX. XXXX indicated the injury occurred at work. The symptoms were mild, stable, occurred occasionally and with activity, and were described as aching. XXXX reported the symptoms were aggravated by daily activities and relieved by rest. In addition to XX wrist weakness, XXXX was also experiencing decreased mobility. XXXX stated the previous injection lessened the numbness of XXXX XX hand. XXXX had been experiencing cramping in the hand. XXXX stated XXXX had dropped things. On examination, the XX XX XX demonstrated no atrophy. Wrist extension / flexion were 45/70 on the XX and 50/70 on the XX. There was 50 degrees palmar abduction and 5/5 strength of the XX XX brevis. XXXX was able to make a composite fist.

On XXXX for XX arm pain (elbow, forearm, wrist, and hand). XXXX was having numbness in XXXX XX hand since the previous year. XXXX stated that XXXX had pain in XXXX XX shoulder, which started about two years prior. XXXX was then working with heavy materials. The heavier the parts XXXX lifted, the more XXXX shoulder hurt, and then XXXX shoulder became too weak to lift the heavy places due to increasing pain and general weakness. XXXX XX shoulder pain was 7/10. The shoulder symptoms remained the same but severity fluctuated. Numbness and tingling had remained the same intermittently.

XX XX weakness had remained the same. XXXX overall XX wrist complaints had increased and numbness and swelling were worse and more constant. The pain was decreased. There was increased numbness and tingling that was more constant. XXXX stated XXXX had numbness and tingling of the XX hand, especially at night. On examination of the XX shoulder, there was tenderness XX and XX. The range of motion with abduction was 80 degrees, flexion with 80 degrees, internal rotation with 75 degrees, and external rotation with 50 degrees. Subscapularis, supraspinatus, infraspinatus, and teres minor muscles were weak, suggestive of rotator cuff tear. The XX hand / wrist examination showed weak muscle testing grip strength. XX test was positive.

An XX was performed for XX arm pain and numbness on XXXX. The nerve conduction studies showed absent XX nerve sensory response at the wrist, compatible with a moderate carpal tunnel with no motor involvement. X-rays of the XX shoulder and XX hand / wrist were negative for fracture or dislocation.

The treatment to date included medications, rest, restrictions, physical therapy, home exercise program, injection, and splinting.

Per a utilization letter dated XXXX, the requested service was denied by XXXX with the following rationale: "The proposed treatment consisting of XX Carpal Tunnel Release is not appropriate and / or medically necessary for this diagnosis and clinical findings. Official Disability Guidelines Carpal Tunnel syndrome recommends Carpal tunnel release for not severe Carpal tunnel syndrome when all of the following criteria are satisfied: symptoms of pain / numbness / paresthesia / impaired dexterity are associated with two of the following (XX hand diagram scores, XX symptoms and XX-shaking of the hand). Examination should be consistent with symptoms and show two of the following (XX test, XX test, XX sign, XX signs, decreased two point discrimination, mild thenar weakness) and no XX XX. Failure of conservative care must be documented (activity modification XX month, night wrist splint XX month, medications, home program and positive response to corticosteroid injection (optional)). Positive XX testing is documented. This Claimant has documented moderate XX via testing but has limited subjective and objective findings on examination. ODG criteria for surgery is as outlined and this claimant does not satisfy the prior with the documents submitted. At this time, the request is not medically necessary".

Per a utilization letter dated XXXX received a reconsideration request on XXXX. The prior denial was upheld by XXXX. The primary reason for determination was that the proposed treatment consisting of XX carpal tunnel release was not appropriate or medically necessary for the diagnosis and findings. Rationale: "While the records documented electrical evidence of moderate carpal tunnel syndrome XX wrist, the records provided for review failed to document positive provocative physical examination findings that would be considered consistent with a carpal tunnel syndrome. Lacking such objective findings, medical necessity has not been established. Therefore, the proposed treatment consisting of XX Carpal Tunnel Release is not appropriate or medically necessary for this diagnosis and clinical findings".

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

The claimant presented with symptoms and clinical findings consistent with XX carpal tunnel syndrome. The claimant's NCS studies from XXXX noted evidence of moderate XX carpal tunnel syndrome with absent sensory nerve response. The claimant's last physical exam findings from XXXX noted a positive XX sign with weakness at the XX hand. The claimant had failed to

improve with physical therapy, medications, injections, and splinting. The objective findings were clearly consistent with symptomatic XX carpal tunnel syndrome and the claimant had failed non-operative measures. Additionally, the noted absent sensory nerve function on XX was concerning. It is unlikely that the claimant would have improved further with non-operative measures. Therefore, 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:

- ☐ 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

ODG Indications for Surgery™ -- Carpal Tunnel Release:

I. 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 for documented non-classic median nerve findings (e.g. cervical radicular, ulnar nerve, peripheral neuropathy)

--- OR ---

II. Non 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. 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 ≥ 1 month
2. Night wrist splint ≥ 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Home exercise training (provided by physician, healthcare provider or therapist)
5. Successful initial corticosteroid injection trial (optional). See Corticosteroid injections. [Relief of symptoms can assist in confirmation of diagnosis and serves as a good indicator for surgical sucess, especially when electrodiagnostic testing is not readily available.]

E. Positive electrodiagnostic testing for median nerve entrapment for 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 improve 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)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.