

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or health care provider who reviewed the decision

X.

Review outcome

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

- 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.

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X diagnosed with carpal tunnel syndrome, right upper limb, lesion of ulnar nerve, right upper limb, and carpal tunnel syndrome, left upper limb. This review is to determine the medical necessity of X.

According to the Operative Report by X dated X, the claimant received a X. X had a history of X. X had significant X.

The Patient Note by X dated X revealed X medication list: X. The document also stated that the start of X bilateral wrist pain was on X.

Finally, the Denial Letter by X dated X stated that, "Appeal for Surgery: X. Progress notes provided for this injured employee are handwritten and partly illegible. This injured employee has numbness and tingling in the left hand and there are abnormal objective findings on physical examination and electrodiagnostic testing. However, the only previous conservative treatment provided appears to be X. There is no mention of activity X. Absent this conservative care, this request for a X is not supported."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X diagnosed with carpal tunnel syndrome, right upper limb, lesion of ulnar nerve, right upper limb, and carpal tunnel syndrome, left upper limb.

The claimant was seen by X physician for numbness and tingling in X left hand, along with abnormal objective findings on physical examination and electrodiagnostic testing. According to the ODG Guidelines for X, the claimant must trial at least one nonoperative forms of management listed (X). The only documented conservative measurement shown in the medical records is X. In the absence of these additional interventions, the request for a X cannot be supported.

Therefore, it is the professional opinion of the medical reviewer to uphold the decision to deny the claimant of X: X because it is not medically necessary.

Description and source of the screening criteria or other clinical basis used to make the decision

ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase

AHRQ - Agency for Healthcare Research and Quality Guidelines

DWC- Division of Workers Compensation Policies or 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
- Presley Reed, The Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature
(Provide A Description)
- ODG - Official Disability Guidelines & Treatment Guidelines