

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

facsimile transmittal

To: **TDI**

Email: **irodecisions@tdi.state.tx.us**

From:

Date: **8/23/2007**

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DATE OF REVIEW: APRIL 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right flexor carpi radialis release, fractional lengthening of flexor pronator mass and cubital in-situ release with post-op physical therapy three times a week for four weeks

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Case Assignment from TDI

Office notes, Dr. 02/02/07, 02/22/07, 03/09/07 and 03/26/07

Review-denial of surgery request, 03/14/07

Reconsideration, 03/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a right-handed male with multiple right upper extremity complaints related to repetitive use moving a crank at work. He has had ongoing complaints of right

upper extremity pain, numbness, tingling and weakness. He is a smoker without related medical problems. Physical examination on 02/02/07 demonstrated a positive right carpal tunnel compression test and tenderness about the right flexor carpi radialis, "RMC" and "UMC". Radiographs of the right wrist performed on 01/19/07 were within normal limits with a lunotriquetral type III coalition. Nerve conduction studies completed on 02/02/07 were reportedly normal. He was diagnosed with right wrist synovitis, right carpal tunnel syndrome, right flexor carpi radialis tenosynovitis with impingement and bilateral cubital tunnel syndrome. He treated with therapy, Celebrex, Lortab and injections to the right carpal tunnel, right flexor carpi radialis and right elbow. The flexor carpi radialis injection offered fifty percent temporary relief. There was later reference to electrodiagnostic studies supporting right cubital tunnel without a date or report provided. A right flexor carpi radialis release, fractional lengthening of the flexor pronator mass and cubital in-situ release with postoperative physical therapy was requested.

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

Right flexor carpi radialis release, fractional lengthening of the flexor pronator mass and the cubital in situ release does not appear to be medically necessary or reasonable. This patient has been under the care of Dr. since February 2007. It is unclear exactly what is being treated in terms of diagnoses. This patient has a triquetral coalition. He has flexor carpi radialis tenderness on clinical assessment that is unclear. He has been given injections with modest improvement. He's been given therapy. It seems to be, in review of the documentation, that there is a medial epicondylitis and ulnar symptomatology. There are notations of an EMG nerve conduction study supporting the diagnosis of cubital tunnel syndrome. However, there does not appear to be adequate conservative care measurements seeing as the mechanism of injury was 10/15/06 but only on February 2007 was conservative care initiated. Typically for medial or ulnar epicondylar tendinopathy at least a minimum of three to six months, if not nine months, of conservative care should be attempted. This is in addition to the fact that there are unclear diagnoses of both the elbow and the wrist that are going to be treated with this procedure. The Reviewer therefore thinks, based on medical records in review, the Reviewer cannot support the proposed procedure as medically necessary. The second point of this question about postoperative physical therapy would not be applicable due to non-certification for the proposed surgery.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)

- Official Disability Guideline, Treatment in Workers' Comp 2006, 4th Edition; page 301
- Campbell's Operative Orthopaedics, Tenth Edition; Chapter 59, page 3263 and Chapter 69, page 3674