

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW:

AUGUST 22, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient surgical services

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

Office notes, Dr., 07/01/05, 07/29/05, 08/12/05, 10/19/05, 05/08/06 and 06/05/06

Therapy notes, 09/02/05, 09/2/106, 10/18/05, 06/13/06, 07/10/06 and 07/27/06

Note, 11/07/05

EMG/NCS, 12/27/05

Operative report, Dr. 05/25/06

Office note, Dr. 06/25/07 and 07/03/07

Letter 07/10/07

Review, Dr. 07/31/07

Prescription, Dr. 08/03/07

Letter 08/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who reported right upper extremity repetitive motion injury. The first treatment records provided for review were dated 07/01/05 and included evaluation of the right wrist and thumb by Dr.. The physical examination demonstrated tenderness at the first carpometacarpal joint with positive grind. Radiographs from 07/01/05 noted right first carpometacarpal degenerative joint disease. The claimant was diagnosed with right DeQuervain's and carpometacarpal osteoarthritis. She treated with a thumb spica splint, activity modification and a home exercise program. It was noted that she had already been taking an anti-inflammatory prior to the 07/01/05 visit. The claimant continued to treat for wrist complaints consistent with carpal tunnel syndrome and DeQuervain's. On 08/12/05 she also reported right shoulder and elbow pain aggravated by overhead use. MRI evaluation of the shoulder completed on 10/07/05 noted a SLAP lesion. Electrodiagnostic studies conducted on 12/27/05 identified mild right carpal tunnel syndrome. She underwent right shoulder arthroscopy in early 2006 and right wrist carpal tunnel release with DeQuervain's release on 05/25/06. Throughout the treatment records provided for the wrist and shoulder, there continued to be notation of severe right first carpometacarpal joint osteoarthritis with ongoing use of a brace, anti-inflammatories and physical therapy that included the hand for grip strength.

Dr. evaluated the claimant on 06/25/07 for her right thumb complaints. Dr. noted mechanical pain with difficulty using the thumb that was increased with activity. Physical examination noted decreased right grip strength with no findings of instability. Radiographs from 06/25/07 noted pantrapezial degenerative changes. Dr. recommended outpatient resectional arthroplasty. Dr. saw the claimant again on 08/03/07 for reports of constant right thumb pain. Dr. referenced two prior cortisone injections administered by Dr. and proceeded to re-inject the carpometacarpal joint with some improvement of the claimant's symptomatology. Physical examination continued to note decreased right grip strength, positive grind and tenderness without instability. Anti-inflammatories, bracing and activity modification were continued. A medical dispute has been initiated in regards to the requested right thumb carpometacarpal arthroplasty.

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

Request is for outpatient first CMC arthroplasty. Review of the medical records provided would support that this is reasonable and necessary procedure. The claimant has failed a long period of conservative measures that has included splinting, physical therapy, home exercise program, activity modification, anti-inflammatory medications, pain medications, and injection times three. X-rays show degenerative changes without instability. There is positive provocative testing on examination and mechanical symptoms. There is no further conservative treatment that would predictably and reliably decrease pain or restore function. Thus, the Reviewer feels that it is reasonable to proceed.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Forearm, Wrist and Hand-Fusion

"Recommended in severe posttraumatic arthritis of the wrist or thumb after 6 months of conservative therapy. Total wrist arthrodesis is regarded as the most predictable way to relieve the pain of posttraumatic wrist arthritis. Total wrist fusion diminishes pain, but wrist function is sacrificed. Patients may have functional limitations interfering with

lifestyle, and total fusion does not always result in complete pain relief. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Arthrodesis of the metacarpophalangeal joint of the thumb gives reliable results, with high patient acceptance, but does not result in an entirely normal thumb or hand function.”

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)**