

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 10, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Release of abductor pollicis longus tendon and extensor pollicis brevis tendon, right extremity (26449)

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation does not support the medical necessity of the release of abductor pollicis longus tendon and extensor pollicis brevis tendon, right extremity (26449) in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Health Care:

- _ Office notes (05/17/07 – 10/01/07)
- _ Pre-authorization determination notes (10/18/07 – 11/14/07)

Texas Department of Insurance:

- _ Pre-authorization determination notes (10/18/07 – 11/14/07)

ODG guidelines have been utilized in the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell backward while sitting in a chair and apparently injured her hands.

After the injury, the patient was seen and had x-rays of the wrist were performed, which were negative. She was placed into a brace and was discharged on medications. D.C., noted tenderness over the anterior aspect of the right wrist and over the first carpometacarpal (CMC) and metacarpophalangeal (MCP) area. There was also tenderness and tightness over the wrist and thumb extensors. Grip strength was decreased in the right hand. Dr. diagnosed radial styloid tenosynovitis and sprain/strain of the wrist and hand and requested therapy two days a week for six weeks.

On June 5, 2007, M.D., a hand surgeon, noted positive Phalen's and Tinel's sign on the right hand with evidence of flexor tenosynovitis. There was a positive flexion test on the right hand resulting in numbness in the ulnar nerve distribution. Dr. obtained electromyography (EMG) study, which was essentially negative for any entrapment. He believed that the patient had carpal tunnel and possibly ulnar nerve compression problems and recommended continuing therapy with Dr. The patient had injections by Dr. in the medial epicondylar area for cubital tunnel syndrome and for de Quervain's stenosing tenosynovitis. Her pain was getting more.

On October 1, 2007, Dr. noted positive Finkelstein's test and flexion test at the elbow resulting in numbness in the ulnar nerve distribution. There were signs of cubital tunnel and de Quervain's stenosing tenosynovitis, for which Dr. recommended release of the abductor pollicis longus tendon and extensor pollicis brevis tendon.

On October 18, 2007, the request for release of abductor pollicis longus tendon and extensor pollicis brevis tendon was non-authorized with the following rationale: *The initial notes of June and July 2007 do not contain the diagnosis of de Quervain's tenosynovitis. The response to first extensor compartment injection has not been clearly documented. Given the variety of diagnoses which have been entertained, it is not clear that physical therapy was specifically directed at de Quervain's tenosynovitis. It is unclear whether or not splintage and oral anti-inflammatories have been used.*

On October 23, 2007, the request was again denied with the following rationale: *A first dorsal compartment release is not medically necessary at this time. According to the medical records provided for review, it does not appear that the claimant has failed full conservative treatment. Patients with de Quervain's tendonitis will often improve with a corticosteroid injection. The claimant appears to have received therapy but it is unclear whether she has received any other conservative care, including an injection. In absence of documentation that she has failed all benefit of conservative measures, the request for release of abductor pollicis longus tendon with extensor pollicis brevis tendon is not recommended.*

On November 14, 2007, appeal for the above surgery was again non-authorized with following rationale: *Records do not reflect lower levels of care have been exhausted. Based on the clinical information submitted for this review and using the*

evidence-based, peer-reviewed guidelines referenced above, the request is not indicated.

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

THERE IS NO CLEAR DOCUMENTATION CONCERNING THE RESPONSE TO INJECTION AND WHETHER IT INVOLVED THE FIRST DORSAL COMPARTMENT. IN ADDITION, PHYSICAL THERAPY SPECIFIC TO DEQUERVAIN'S TENOSYNOVITIS HAS NOT BEEN PERFORMED TO INCLUDE MODALITIES. BRACING FOR A REASONABLE PERIOD OF TIME HAS NOT BEEN ATTEMPTED. CONSERVATIVE TREATMENT OF MS.'S CONDITION HAS NOT BEEN EXHAUSTED PER THE ODG AND RELEASE OF THE FIRST DORSAL COMPARTMENT IS, THEREFORE, NOT INDICATED AT THIS TIME.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES