

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right index, middle, ring and little finger trigger release.

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

M.D., 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 9/27/07, 10/8/07

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates,
Forearm, Wrist and Hand: Percutaneous release (of the trigger finger and/or trigger thumb)

Notice of Assignment, Healthcare, 10/15/07

Office notes of Dr. 08/28/07, 09/14/07

MRI right wrist 09/10/07

EMG/NCV 09/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male claimant sustained a right wrist injury on xx/xx/xx diagnosed as a contusion. The records indicated that the claimant caught his hand on a heavy airplane door. Initial x-rays were negative and an MRI performed on 09/10/07 suggested Grade I tendinopathy. The claimant treated conservatively with medications, physical therapy and bracing. Tenderness of the A1 pulley in the right index, middle, ring and little fingers was noted on a 09/14/07 examination. The claimant was diagnosed with tenosynovitis of the right hand and wrist. Wrist arthroscopic surgery and endoscopic trigger finger releases have been requested.

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

The patient was injured on xx/xx/xx. The MRI was felt to demonstrate tendinopathy. Treatment to date has consisted of bracing, therapy and medication. There is no indication that injections were employed. Without injections being performed for multiple trigger fingers, the trigger finger releases cannot be recommended. This recommendation is supported by the Official Disability Guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates,
Forearm, Wrist and Hand: Percutaneous release (of the trigger finger and/or trigger thumb)

Percutaneous release (of the trigger finger and/or trigger thumb)

Recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended.

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)