

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/14/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right palmar fascietomy, hand and middle finger

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified by American Board of Orthopedic Surgery, Member of American Academy of Orthopedic Surgeons

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be :

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
354.0	26123	NA	Prosp.		07/01/08				Overturn
354.0	64721	NA	Prosp.		07/01/08				Overturn
354.0	65718	NA	Prosp.		07/01/08				Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 03/19, 04/01, 06/16, 07/01, 07/10/2008, including criteria for denial (ODG)
3. Carrier submission 07/21/08.
4. Peer reviews 11/25/07 & 03/18/08
5. Ortho progress notes 03/03 – 05/08/2008
6. Ortho treatment documentation 02/07 – 06/08
7. Pain management progress notes 08/07 – 06/08
8. Operative reports 05/25,09/27, 10/19, 11/29/2007, 01/10 &05/02/2008
9. Lab reports 11/09/07 & 04/16/08 and radiology report 04/04/8
10. Nerve conduction studies & electromyography 02/28/08 and discharge summary for outpatient physical therapy 03/06 – 05/08/08
11. Hospital visit documentation 03/12/08
12. Initial behavioral medical evaluation 08/24/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is the case of a xx-year-old worker who injured his right hand at work on xx/xx/xx when he caught some wires that were apparently quite heavy with his right hand. This resulted in right hand pain with numbness and difficulty using his right hand. He was worked up and referred to a hand surgeon. He was found to have right carpal tunnel syndrome and right trigger finger involving the middle finger. He underwent a right carpal tunnel release with tenolysis of the flexor tendons and right trigger finger release in May 2007. He also was having ulnar nerve symptoms, and these continued. He then had an ulnar nerve transposition in October 2007.

He continued to have symptoms of triggering and locking in his third finger, and he underwent a trigger finger release and tenolysis on 01/07/08. This involved the middle finger. He then subsequently developed palmar fascial fibrosis and excessive fibrous tissue and scar tissue formation in his palm. This was

described in the progress notes. It appeared to be similar to a Dupuytren's contracture. The fibrous tissue that formed was injected with steroid on one occasion, and extensive physical therapy and stretching were given with no improvement. On the last evaluation on 06/17/08, a 10-degree to 15-degree flexion contracture was apparently described in his middle finger at the metacarpophalangeal joint and limitation of flexion was noted to be 80 degrees. It was noted that the claimant had formed an excessive amount of scar tissue in the palm and was causing the flexion contracture as well as recurrent symptoms of median and ulnar nerve compression. The surgeon then suggested surgical exploration and release of the scar tissue in the palm since he had not responded to non-surgical treatment, stretching, and injection of the fibrous tissue.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

It appears that the procedure is indicated because of contracture of the metacarpophalangeal joint of the middle finger and excessive scar tissue formation in the palmar fascia.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)