Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 02/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right carpal tunnel release and right first annular pulley exploration and release.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., Board Certified in Orthopedic Surgery

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

_____Upheld (Agree)

__X___Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	*Service Being Denied*	*Billing Modifier*	*Type of Review*	*Units*	*Date(s) of Service*	*Amount Billed*	*Date of Injury*	*DWC Claim #*	*Upheld Overturn*
354.0	*64721*		*Prosp*	*1*					*Overturn*
727.03	*26055*		*Prosp*	*1*					*Overturn*

INFORMATION PROVIDED FOR REVIEW:
1. TDI Case Assignment
2. Letters of denial and criteria utilized in the denial, ODG
3. Correspondence from physical medicine/rehabilitation specialist dated 01/11/08
4. Plastic surgeon office visit notes dated 12/29/00 through 01/16/08
5. Plastic surgeon's report of medical evaluation dated 04/06/01 and other correspondence dated 10/05/05 and 05/05/07
6. Documentation of cyst excision dated 05/15/07
7. Documentation of trigger digit release and removal of cyst dated 05/27/07
8. Occupational therapy notes dated 08/23/03 and 08/29/03
9. Radiology report 12/29/00
10. Pathology report 05/30/07

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

P. O. Box 215
Round Rock, TX 78680
(1908 Spring Hollow Path, 78681)
Phone: 512.218-1114
Fax: 512.287-4024

The patient suffered a crushing injury to the hand that included an open laceration. The patient developed postoperative stenosing tenosynovitis and carpal tunnel syndrome, as well as a ganglion cyst from the flexor tendon sheath. The patient underwent excision of that cyst followed by trigger digit release and removal of another cyst. Despite this, the patient continued to have symptoms consistent with carpal tunnel syndrome and pain over the A1 pulley. Despite conservative measures, the patient continued to have symptoms, and surgery was recommended. The denial for this procedure stated that the nerve conduction study testing was inadequate, and conservative management was not documented well.

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

Although the plastic surgeon's office notes are not complete, the nerve conduction study testing was adequate, as was the EMG.. The patient has continued symptoms related to the original work injury, which was a severe crushing injury. The patient has had multiple attempts at conservative management including rest, anti-inflammatory medications, and injections. I believe the proposed procedures of carpal tunnel release and repeat trigger finger release are indicated based upon the patient's consistent symptoms. The patient's extensive conservative management has been well documented.

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 judgement, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X___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.)

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