

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right wrist arthroscopy, fibrocartilage plus general debridement, radial styloidectomy, anterior and posterior interosseous neurectomy

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

Doctor of Medicine (M.D.)
Board Certified in Orthopaedic Surgery
Specialized in Hand Surgery

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.

The reviewer finds that medical necessity exists for right wrist arthroscopy, fibrocartilage plus general debridement, radial styloidectomy, anterior and posterior interosseous neurectomy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/11/07, 12/14/07
ODG – TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines,
Forearm, Wrist & Hand (Acute & Chronic)

Hand and Wrist Center, MD, Clinical Notes, 10/1/07, 11/29/07, 1/25/08,
Attorneys, Letter to IRO, 2/5/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee suffered an injury to the right wrist resulting in chronic pain due to scapholunate advanced collapse and a locked trigger thumb. He has had conservative care and is requesting surgery for persistent pain.

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

ODG guidelines do not adequately cover post-traumatic wrist conditions such as the one that this patient has (see below). The requested procedures are acceptable treatment options for a stage II SLAC wrist.

After reviewing the medical records provided, the ODG Guidelines, and Green's Operative Hand Surgery, the reviewer finds that medical necessity exists for right wrist arthroscopy, fibrocartilage plus general debridement, radial styloidectomy, anterior and posterior interosseous neurectomy.

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| Surgery | See more specific procedure. The following are choices: Arthrodesis (fusion); Arthroplasty, finger and/or thumb (joint replacement); Arthroplasty, wrist (joint replacement); de Quervain's tenosynovitis surgery ; Dupuytren's release (fasciectomy or fasciotomy); Fasciectomy ; Fasciotomy ; Flexor tendon repairs ; Fusion ; Joint replacement ; Mallet finger surgery ; Open reduction internal fixation (ORIF); Percutaneous release (of the trigger finger and/or trigger thumb); Surgery for broken wrist ; Surgery for ganglion cysts ; Surgery for trigger finger ; Tendon repairs ; Trapeziectomy ; Triangular fibrocartilage complex (TFCC) reconstruction; Trigger finger release ; Trigger finger surgery ; Ulnar shortening surgery . |
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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: OPERATIVE HAND SURGERY, GREEN ET. AL)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)