



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** January 28, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Arthroscopy right wrist and release of volar carpal ligament.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D. degreed Orthopedic Surgeon, Board Certified.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI assignment forms.
2. Request for IRO.
3. Denial letter 12/18/2007.
5. URA records.
6. Multiple clinic notes prepared by M.D., between 03/01/2007 and 11/28/2007.
7. Imaging records. MRI right wrist 08/07/2007.

ODG Guidelines were not presented for review.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This xx-year-old Hispanic male suffered a direct blow to his right hand on xx/xx/xx. He suffered a fracture of the fifth metacarpal which subsequently healed with appropriate treatment. He has suffered persistent wrist pain. An MRI scan performed on 08/07/2007 revealed a tear of the triangular fibrocartilage complex. He has suffered symptoms suggestive of carpal tunnel syndrome. Request for authorization for arthroscopy and

release of the volar carpal ligament have been previously denied. The clinical note of 10/31/2007 provides adequate documentation to justify the surgery requested.

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

The clinical note of 10/31/2007 provides adequate documentation to justify the surgery requested. It would appear that the patient has symptoms suggestive of carpal tunnel syndrome as well as a tear of the triangular fibrocartilage complex. Arthroscopy is clearly indicated and release of the volar carpal ligament appears appropriate. The patient has failed treatment with chronic wrist bracing. He has had some improvement with a corticosteroid injection into the carpal canal which suggests intermittent compression of the median nerve in the carpal canal.

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

*(Check any of the following that were used in the course of your review.)*

- 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.)