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Notice of Independent Review Decision

DATE OF REVIEW:
07/15/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Outpatient left thumb reconstruction trapezion excision

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

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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 requested outpatient left thumb reconstruction trapezion excision is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a xx year old female who was reported to have sustained a work-related injury on xx/xx/xx in xxxx . There are no medical records regarding the initial physical findings or treatment until 08/29/07. She allegedly stepped in a hole where a sprinkler system was being installed. She fell backwards hitting her head and whole body. The first medical record available for review is dated xx/xx/xx. She was evaluated by M.D. at xxxx. He listed her diagnoses on that visit as nondisplaced left scaphoid fracture, right radial styloid fracture, left wrist sprain, left elbow contusion and right shoulder sprain. The injured individual's treating physician appears to be Dr.. She was treated with physical therapy and medication management. The note of 10/03/07 reported she had no evidence of tendinopathy, but later it is reported that she has undergone a right DeQuervain's release and is undergoing consideration of a release on the left side. Dr. also treated the injured individual for lumbosacral strain, ankle sprain, and hip pain. Dr. documented on 02/26/08 that the injured individual had multiple aches and pains. The injured individual continued treatment as an outpatient and Dr. recommended surgery on 05/20/08. The record documented that she was also to undergo surgery for shoulder impingement syndrome.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured individual is a xx year old female who was reported to have sustained multiple injuries as a result of a fall on xx/xx/xx in xxxx. There is no information regarding initial evaluation and treatment following the injury. She then sought care from physicians in the system. The requested procedure is

typically performed for severe arthritic changes to the base of the thumb metacarpal-trapezium joint. There are no reported radiographic findings in the medical documentation to support this diagnosis. The injured individual is xx year old female and it is unclear how the requested procedure is related to the original occupational injury versus pre-existing degenerative changes or "disease of life" condition. The injured individual has had multiple complaints of aches and pains as recorded in the record. The fractures to the upper extremities that were reported were essentially non-displaced low velocity injuries. The fractures would have been expected to heal within six to eight weeks of injury.

The Official Disability Guidelines:

Trapeziectomy	Recommended. Among the different surgeries used to treat persistent pain and dysfunction at the base of the thumb from osteoarthritis, trapeziectomy is safer and has fewer complications than the other procedures. Participants who underwent trapeziectomy had 16% fewer adverse effects than the other commonly used procedures studied in this review; conversely, those who underwent trapeziectomy with ligament reconstruction and tendon interposition had 11% more (including scar tenderness, tendon adhesion or rupture, sensory change, or Complex Regional Pain Syndrome Type 1). (Wajon, 2005) (Field, 2007) (Raven, 2006)

In addition, there has not been an adequate trial of conservative therapy since the injured individual has been treated for so many complaints. The requested procedure is not supported by the available medical documentation as medically reasonable or necessary. This request appears more related to a chronic degenerative arthritic condition. There is no radiographic information to substantiate the diagnosis. The requesting provider has not clearly defined whether he is going to perform an excision only or interpositional arthroplasty.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES