

Notice of Independent Review Decision
REVISED DECISION
 Omitted pertinent coding information from
 "Review Outcome" section. See denial information grid.

REVIEWER'S REPORT

DATE OF REVIEW: 05/19/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Release of right flexor tendon with decompression and release of the right median nerve.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery, fellowship trained in Hand and Upper Extremity Surgery

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	64721		Prosp						Overturn
354.0	26055		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

- TDI Case Assignment
- Letters of denial, 03/25/08 and 04/09/08 and criteria used in the denial, ODG and IRO summary, 05/05/08, Notices of Dispute Issue, 01/03/08 and 04/22/08
- Progress notes, 09/27/07 through 04/24/08
- Orthopedic notes, 11/19/07 through 03/12/08
- Nerve conduction study, 03/10/08
- Designated Doctor Evaluation, 04/21/08
- Physical therapy notes, 10/04/07 through 11/01/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female with work-related upper extremity complaints. Most notable was that of moderate right carpal tunnel syndrome and right thumb stenosing tenosynovitis.

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

In reviewing this case, multiple physicians including, the physician for the insurance company and the Designated Doctor, have denied this patient's surgery based on incomplete information and review of the records. There is well-documented triggering of the thumb as well as well-documented carpal tunnel syndrome. There is also excellent documentation of failure of conservative management. The patient is a candidate for trigger thumb release and carpal tunnel release as requested by the orthopedic hand surgeon. Denials have been based on incorrect use of the ODG criteria.

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.)