

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 22, 2009

AMENDED: APRIL 23, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed arthroscopy/debridement to right wrist, TFC tear (29846)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
842.0	29846		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 668 pages of records received to include but not limited to:

FOL letter 4.7.09; letters 11.21.07,2.3.09, 3.10.09; records, Dr. , 1.13.09-3.2.09; MRI Rt Wrist 5.18.07, 1.19.09; Anesthesia record 8.20.07; provider credential history; records, 11.7.07; records 4.4.07-10.29.08 and letter 3.9.09; various DWC 73 forms; records 4.2.07 and letter 11.12.07; records, 7.29..08-9.11.08; RME and FCE 5.15.07, 8.25.08; records, Dr 8.20.07-7.24.08; letter , 4.17.08,9.5.08; DDE 3.18.08-8.25.08; records 7.9.08; DOT-RFC 5.15.07, 1.16.08, 3.18.08; records, Dr. 12.10.08-3.10.09; NCV study 5.15.07; EMG/NCV study 7.10.07; TDI letter 8.30.07; letter, Dr. 9.6.07; transmission reports; EOB DOS 8.7.08;

Requestor records- a total of 8 pages of records received to include but not limited to:
TDI letter 4.2.09; Dr. records 1.13.09-1.23.09; MRI Rt Wrist 1.19.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The patient had prior surgery for the same problem in which there was treatment associated with the triangular fibrocartilage complex. The patient had an MRI which identified a heterogenous increased signal within the triangular fibrocartilage complex compatible with normal post surgical change. They did recommend, however, that the patient could have an MRI/arthrogram or a conventional arthrogram of the wrist to help differentiate this from a recurrent tear. There is no information given to suggest that the patient has had a recurrent injury. The patient had other findings on the mitral regurgitation including mild extensor carpi ulnaris, tenosynovitis, and mild nonspecific bone edema within the distal pole of the scaphoid, the trapezium, and the trapezoid. These are non-surgical.

According to the records, there is no evidence that the patient has had a change to suggest that a new injury has taken place and the fact that the patient has had surgical intervention and generally has not demonstrated a new lesion; there is no reason to suggest that further surgery would be of any benefit based upon the information provided. These fall in line with generally accepted community standard guidelines.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES