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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left peri articular jnt inj of 4th and 5th carpal-metacarpal jnts and ligament, 20600

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/15/09, 6/25/09
MD, Letter of Reconsideration, 6/15/09, 4/28/09, 4/6/09, 3/10/09
MD, 6/3/09, 2/23/09
Procedure Note, Peri-articular joint injection of the fourth and fifth carpal metacarpal joints and ligaments, 5/27/09, 3/27/09
Rehabilitation Center, 6/5/09
Healthcare Systems, 5/28/09
Functional Abilities Evaluation, 5/18/09
Left Hand MRI w/3D, 1/26/09
MD, DDE, 4/13/09
Weekly Psychological Status with Instrument Scores, 5/28/09
Letter of Reconsideration, 6/18/09

PATIENT CLINICAL HISTORY SUMMARY
This is a woman who hyperextended her fingers at work and was diagnosed with finger strain/sprain on xx/xx/xx. She is in a pain program. She had some improvement with two prior local injections along the joint, but the pain recurred. The last injection was May 27, 2009. She cannot tolerate NSAIDs with gastric problems. She has diabetes.

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

The ODG limits the discussion of finger injections to deQuervain's and trigger fingers. Neither is present in this patient's case. This patient has local symptoms and has improved with local injections. The ODG is neutral on the matter of local injections, such as the one this patient has had. These multiple injections have risks including tendinopathy and infections. There is the risk of worsening her diabetes. The patient has improved from the injections. She cannot tolerate NSAIDs. After a careful review of the records, the reviewer finds that third local injection is justified in this particular case. The reviewer finds that medical necessity exists for Left peri articular jnt inj of 4th and 5th carpal-metacarpal jnts and ligament, 20600.

Injections

Recommended for Trigger finger and for de Quervain's tenosynovitis as indicated below

de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or nonsteroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) For de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs the use of nonsteroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. (Stephens, 2008) This Cochrane review found one controlled clinical trial of 18 participants that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica for de Quervain's tenosynovitis. All patients in the steroid injection group achieved complete relief of pain whereas none of the patients in the thumb spica group had complete relief of pain. (Peters-Veluthamaningal, 2009

Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. (Kazuki, 2006) (Murphy, 1995) (Van Ijsselkj, 1998) (Paavola, 2002) Steroid injection therapy should be the first-line treatment of trigger fingers in nondiabetic patients. In diabetics, the success rate of steroid injection is significantly lower. Injection therapy for type 1 diabetics was ineffective in this study. Surgical release of the first annular (A1) pulley is most effective overall in diabetics and nondiabetics alike, with no higher rates of surgical complications in diabetics. (Nimigan, 2006) Steroid injection in the flexor sheath at the level of the A1 pulley is an effective method of treating patients with trigger finger and should be considered as the preferred treatment. This RCT concluded that local injection with triamcinolonacetonide is effective and safe for treating trigger finger as compared to placebo injection. The effects of steroid injections last up to 12 months. (Peters-Veluthamaningal, 2008)

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)