



Notice of Independent Review Decision

DATE OF REVIEW: 12/03/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Release of the Ulnar Nerve at the Elbow

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery

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)

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.

Release of the Ulnar Nerve at the Elbow - UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Emergency Room Record and Trauma Flow Sheet, Hospital, xx/xx/xx
- X-rays Left Hand, M.D., 07/09/09

- Office Visit, R.H.C., xx/xx/xx
- New Patient Consultation, M.D., 07/16/09
- Partial Amputation of Left Ring and Middle Finger, Dr. 07/19/09
- Post-Operative Visit, Dr. 07/21/09, 07/28/09, 08/11/09, 09/01/09
- Follow Up Visit, Dr. 08/04/09, 10/08/09
- Upper NCV & EMG Report, D.O., 09/08/09
- Evaluation of Left Arm, Dr. 10/01/09
- TWCC – 60 Report of Medical Evaluation, Dr. 10/08/09
- Denial Letter 10/13/09, 10/23/09
- X-rays Left Elbow Joint, M.D., 10/26/09
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was working on a pump truck and his fingers got caught on the head of the pump, resulting in the tips of his 3rd and 4th fingers being amputated. X-rays were taken, he underwent a partial amputation of his left ring and middle fingers and NCV/EMG studies. He was treated with non-steroidal anti-inflammatories for a couple weeks.

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

In my opinion, the release of the ulnar nerve at the elbow is not medically reasonable or necessary at this point. It appears as though this patient has only been treated with non-steroidal anti-inflammatories for a couple of weeks. I do not see evidence of any other type of conservative treatment and in accordance with The Official Disability Guidelines, initial conservative treatment, including exercise strengthening, medications, and splinting, is recommended in the normal course of treatment as a step for ulnar nerve complaints. Therefore the requested release of ulnar nerve at the elbow is not medically reasonable and necessary at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**