

Notice of Independent Review Decision

DATE OF REVIEW: 03/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right de Quervain's release, right lateral Z-plasty with possible surgical release for intersection syndrome

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery, fellowship trained in Hand 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>
727.04	25295		Prosp.		01/22/09 – 03/20/09				
727.04	26121		Prosp.		01/22/09 – 03/20/09				
727.04	25000		Prosp.		01/22/09 – 03/20/09				

INFORMATION PROVIDED FOR REVIEW:

- Case assignment
- Letters of denial, 10/16/08 and 10/24/08 and 01/26/09 and 02/23/09
- Carrier's position summary and criteria used in denial
- Peer Review, 01/25/09 and evaluation 02/13/09
- MRI scan, 10/20/08
- Evaluations and office visits, 08/11/08, 08/22/08, 09/03/08, 10/10/08, 11/04/08, 12/05/08, and 01/20/09
- Prior IRO decision, 11/17/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who was reported to have sustained a work-related injury with an unknown mechanism of injury to the right hand. The patient had previous left carpal tunnel release. The patient presented with severe wrist pain and grip strength weakness. She was felt to have de Quervain's tenosynovitis and was seen by a hand surgeon. An MRI scan showed inflammation in the first extensor

compartment. Evidently the patient got a second opinion and went to see another surgeon, who recommended de Quervain's release, a Z-plasty, and an intersection syndrome release.

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

The requesting surgeon has notes which have essentially no physical examination findings. Although the patient may have de Quervain's tenosynovitis, there is absolutely no findings to indicate the patient has intersection syndrome and no findings to document any sort of skin loss or contractures that would necessitate a Z-plasty. In addition, the requested Z-plasty CPT code is actually that of a fasciectomy with Z-plasty, which is usually a code given for palmar fibromatosis. There is no evidence of fibromatosis or skin contracture in this patient. In addition, there is very poor to no documentation of conservative care by the requesting physician. As such, the request is not medically reasonable or necessary.

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

(Check any of the following that were used in the course of your review.)

- 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: Green's Operative Hand Surgery