



**INDEPENDENT REVIEW INCORPORATED**

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**DATE OF REVIEW:** 09/30/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left wrist arthroscopic debridement with possible triangular fibrocartilage complex repair, possible left open de Quervain's release, possible open left extensor carpi ulnaris debridement

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

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

**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>
842.09	25118		Prosp.						Upheld
842.09	25000		Prosp.						Upheld
842.09	29846		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment
2. Letters of denial, 07/15/09 and 08/03/09 including criteria used in the denial
3. Orthopedic exam, 03/23/09
4. Neurosurgeon's report, 04/23/09
5. D.O. and chiropractic evaluation and treatment, 04/06/09 through 05/18/09
6. Hand specialist treatment, 06/23/09 through 08/03/09
7. Radiology report, 03/02/09 and 07/21/09
8. Family Medicine office, 02/18/09 through 03/16/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient suffered a direct blow to the dorsal ulnar side of her wrist while on her job. She presented with ulnar-sided wrist pain. She saw a few other providers, and some of those providers documented subjective pain out of proportion to the objective findings. She then sought treatment with a hand surgeon who diagnosed her with extensor carpi ulnaris tendinitis, de Quervain's tendinitis, and possible TFCC tear. Initial MRI scan was equivocal, and a repeat MRI scan showed some signal at the tip of the ulnar styloid with no frank detachment. This surgeon recommended arthroscopic treatment of the wrist with TFCC debridement or repair, extensor carpi ulnaris debridement, and de Quervain's release.

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

There are a lot of inconsistencies in this patient's chart and physical examination, and the objective findings do not adequately support the request for surgery. In addition, the hand surgeon does not explain how the patient has radial styloid tenosynovitis from a direct blow to the ulnar side of her wrist. Finally, she did not respond well to the ECU steroid injection, questioning the diagnosis. Due to the many inconsistencies and incompleteness of this case, I do not believe that surgery is medically reasonable or necessary in this case, and that other courses of treatment have not been explored.

**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.)