



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: October 30, 2009

IRO Case #:

**Description of the services in dispute:**

1. Are the release of the hand and finger tendon and the release of finger contracture (#26445 and #26525) medically necessary?

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopedic Surgery. This reviewer is a member of the American Orthopaedic Society for Sports Medicine, the American Medical Association and the American Academy of Orthopaedic Surgeons. Current practice involves procedures of the extremities with special emphasis on hand surgery. This reviewer has been in active practice since 2001.

**Review Outcome**

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

Upheld.

With the limited clinical information and lack of documented conservative treatment, i.e., injection, the procedure is not medically necessary, based on ODG Guidelines.

**Information provided to the IRO for review**

Records from State:

Confirmation of Receipt of Request 10/21/09 1pg.

Texas Department of Insurance-IRO Request Form 10/21/09 4pgs.

Request for a Review by an Independent Review Organization 10/20/09 3pgs.

Denial Letter 9/25/09 2pgs.

Denial Letter 9/17/09 2pgs.

Records from Dr.

Notice of Assignment of Independent Review Organization 10/21/09 1pg.  
Letter of Medical Necessity 9/15/09 2pgs.  
Office Note 9/14/09 1pg.

Records :

Notice of Assignment of Independent Review Organization 10/21/09 1pg.  
Physician List undated 1pg.  
ODG Guidelines undated 1pg.

**Patient clinical history [summary]**

The patient is currently a male injured on xx/xx/xx. The records indicated he sustained injuries to his right hand and right shoulder. An office visit on 9/14/09 noted marked improvement in the right shoulder. The patient continued with pain and decreased function in the right middle finger. The patient had pain with attempts at full extension as well as episodes of locking. The diagnosis was trigger finger and surgical release was requested.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The request is for trigger finger release and the decision is based on ODG Guidelines. The patient appears to have triggering. There is limited clinical information. Most importantly, there is no documentation of a history of conservative treatment such as an injection. Physician contact was not made.

With the limited clinical information and lack of documented conservative treatment, i.e., injection, the procedure is not medically necessary, based on ODG Guidelines.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

Applicable Clinical or Scientific Criteria/Guidelines Applied in Arriving at Decision:  
Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Forearm, Wrist, and Hand

Percutaneous release (of the trigger finger and/or trigger thumb) Recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position, because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind.