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## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 09/28/09

**IRO CASE #:**

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

Right hand arthroplasty and fusion of the CMC joint

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

Board Certified in orthopedic surgery with added qualifications 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.

Right hand arthroplasty and fusion of the CMC joint - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the upper extremity interpreted by Dr. (no credentials were listed) dated 10/27/06

An MRI of the right wrist interpreted by M.D. dated 12/27/06  
Operative reports from M.D. dated 09/17/07 and 04/27/09  
Evaluations with Dr. dated 07/10/08, 07/31/08, 09/04/08, 10/02/08, 11/06/08, 12/09/08, 01/20/09, 02/19/09, 03/19/09, 04/16/09, 05/05/09, 05/26/09, 07/09/09, 08/13/09, and 09/03/09  
An MRI of the left ankle/foot interpreted by Dr. (no credentials were listed) dated 10/07/08  
An EMG/NCV study and evaluation with M.D. dated 11/17/08  
X-rays of the chest interpreted by M.D. dated 04/23/09  
A preauthorization request from Dr. dated 08/03/09  
A letter of non-certification, according to the Guidelines Tool, from M.D. dated 08/03/09  
A letter of non-certification, according to the CGT Treatment Guidelines, from M.D. dated 08/13/09  
A letter from the patient dated 09/07/09

## **PATIENT CLINICAL HISTORY**

An MRI of the left upper extremity interpreted by Dr. on 10/27/06 revealed moderate AC joint arthropathy and a small amount of fluid in the subacromial subdeltoid bursa with undersurface spurs of the supraspinatus tendon musculotendinous junction. An MRI of the right wrist interpreted by Dr. on 12/27/06 showed diffuse thinning of the articular disc with a partial tear of the central and ulnar side of the articular disc, an intra-substance partial tear involving the volar radioulnar ligament, a small amount of fluid in the flexor pollicis longus tendon sheath, and mild degenerative changes of the pisiform-triquetral joint with moderate degenerative changes of the first metacarpal joint. On 09/17/07, Dr. performed an unknown surgery. On 07/10/08, Dr. performed a steroid injection. An MRI of the left ankle/foot interpreted by Dr. on 10/07/08 showed mild degenerative changes of the tibiotalar joint with a small osteochondral lesion in the lateral talar dome, a peroneus brevis tendon tear, peroneus longus tenosynovitis, and a torn anterior talofibular ligament. An EMG/NCV study of the left lower extremity interpreted by Dr. on 11/17/08 showed mild tarsal tunnel syndrome bilaterally with no symptoms on the right. On 12/09/08, Dr. recommended a fibular osteotomy and repair of the lateral talar dome with repair of the anterior talofibular ligament and a tarsal tunnel release. On 04/27/09, Dr. performed a tarsal tunnel release. On 05/26/09, Dr. recommended another surgery to the right thumb. On 08/03/09, Dr. wrote a letter of non-certification for a right hand arthroplasty and fusion of the CMC joint. On 08/13/09, Dr. also wrote a letter of non-certification for the right hand arthroplasty and fusion of the CMC joint. On 09/07/09, the claimant wrote a letter requesting approval for the surgery.

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

The claimant appears to have undergone a prior surgery of the right CMC joint and more recently undergone injection therapy, both treatments appear to have been unsuccessful in relieving the claimant's complaints. The claimant, based on the MRI has degenerative joint disease within the basal joint of the thumb.

The claimant indicates in his letter that he is hoping to regain his grip strength with surgery, however, it is unlikely that the surgery would provide symptomatic relief or return the claimant's grip strength. Therefore, based on the medical documentation reviewed it is unlikely that the surgery requested will provide the claimant with the desired benefit. Right hand arthroplasty and fusion of the CMC joint would not be reasonable or necessary.

**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 AND KNOWLEDGE BASE
- 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)**