



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
[www.medwork.org](http://www.medwork.org)



### *9NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)*

11/24/2010

**DATE OF REVIEW:** 11/24/2010

**IRO CASE #:**

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

LT ulnar shortening; CTR

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

Texas State Licensed MD Board Certified Plastic Surgeon/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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 11/09/2010
2. Notice of assignment to URA 11/09/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 11/09/2010
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 11/03/2010
6. Attorney letter 11/11/2010, letter 11/04/2010, letter 10/27/2010, Precertification 10/14/2010, medical note 09/30/2010, 08/31/2010, 08/03/2010, 06/03/2010.
7. ODG guidelines were provided by the URA

**PATIENT CLINICAL HISTORY:**

Claimant is a male with an injury that occurred on xx/xx/xx. Records state that the patient has pain and tenderness in the ulnar side of the wrist. Patient's physician is recommending ulnar shortening surgery due to the poor healing at the fracture site of the radial bone. Claimant's physician is requesting review for left ulnar shortening and carpal tunnel release procedure.



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
Independent.Review@medworkiro.com  
www.medwork.org



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

There is insufficient medical documentation presented to support the ODG indications for the requested left ulnar shortening and carpal tunnel release. There is no description of any neurologic findings. There is no description of any sensory loss, motor loss, or other findings indicative of clinical carpal tunnel syndrome. There is no indication of any structural problem. It isn't recommended by the ODG guidelines use of ulnar shortening surgery for radial fracture. Based upon the Official Disability Guidelines, the previous adverse determination for the requested left ulnar shortening and carpal tunnel release is upheld.

### **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 KNOWLEDGBASE
- 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)