



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

DATE OF REVIEW: January 11, 2010

IRO Case #:

Description of the services in dispute:

Excision of fibroma of the left wrist (#25076).

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

This physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, their state Orthopaedic Society, the Eastern Orthopaedic Society, their state Medical Society, and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer was part of the National Association of Disability Evaluating Professionals and was the Orthopaedic Advisor of a National Football League team. The reviewer has been in active practice since 1994.

Review Outcome

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

Upheld

The request for excision of fibroma of the left wrist is not medically necessary. If in fact this represents painful scar formation, it is unclear that further excision is likely to result in meaningful improvement. One would need to have a better handle on the response to previous interventions such as therapy and/or injections to ascertain whether or not surgery would be indicated. Exhaustive conservative care would typically be recommended in this setting.

Information provided to the IRO for review:

Records Received from the State:

Request for IRO12/18/09, 5 pages

Notice of UR agent assignment, 12/21/09, 2 pages

TX Dept of Insurance IRO instructions, 2 pages

ESIS Utilization Review Unit – Response to Reconsideration, 11/20/09 – 5 pages

Requests for preauthorization, 10/19/09 and 11/02/09 – 2 pages

Records received by the Law Offices:

Letter of medical necessity, 11/13/09, 1 page

Orthopedic evaluation letter, 11/06/09, 4 pages

Texas Workers' Compensation Status Report, 11/13/09

Records received from the insurance company:

Denial letter, 10/23/09 – 3 pages

M.D./ – Peer Review, 10/23/09 – 3 pages

Clinic notes, M.D, 01/29/07, 10/02/09, and 10/14/09 – 3 pages

Medical Examination, M.D. 6/4/09 – 7 pages

MRI of Left Hand, M.D., 4/15/08 – 3 pages

Operative Report Left Carpal Tunnel Release, M.D., 02/16/06 – 2 pages

Care letter, Dr., 11/23/09, 1 page

Patient clinical history [summary]

This male patient was injured on xx/xx/xx after he fell from a ladder while working. He sustained injuries to his back and bilateral wrists. He had bilateral carpal tunnel releases with the left performed on 02/16/06. Postoperatively there was documentation of wound complications, and he has continued complaints of pain and tingling in the left hand and long finger. A 04/15/08 MRI of the left hand documented scar tissue measuring 3.4 centimeters in length and 2.7 centimeters in width with a thickness of 2.0 millimeters corresponding to the palpable mass at the level of the palm. On examination of the left hand and wrist, there is some scarring at the distal end of the incision that is hard and he complains of some pain there. Tinel's and Phalen's tests were negative with notation though that he did at times complain of pain to the third digit, triggering could not be reproduced, two-point discrimination was 7–9 millimeters in all digits, there were no findings of atrophy, and grip strength was fairly symmetric. Dr. indicated that the patient has pain and tingling when making a fist and has recommended excision of the fibroma.

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

There are no appropriate guidelines from the evidence-based literature.

The records document complaints of a painful mass in the region of previous carpal tunnel release. An MRI scan appears to describe the scar tissue in that area. It is unclear as to whether or not this is a discrete mass. Reportedly there has been some type of conservative care, although the nature of the treatment is unclear. Reportedly he had injections and physical therapy in and around the mass.

If in fact this represents painful scar formation, it is unclear that further excision is likely to result in meaningful improvement. One would need to have a better handle on the response to previous interventions such as therapy and/or injections to ascertain whether or not surgery would be indicated. Exhaustive conservative care would typically be recommended in this setting. As such

this request is not medically necessary.

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

Official Disability Guidelines do not apply

Campbell's Operative Orthopedics, Chapter 74, Tumors and Tumorous Conditions of Hand, Fibroma, Pages 3783 and 3784