

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: June 22, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right wrist DeQuervain's release.

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

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Employee's Report of Injury, xx/xx/xx
- General Physical Examination, Facility Unknown, 04/15/10
- Accident & Injury Rehab, 04/21/10, 04/27/10, 04/28/10, 04/30/10, 05/03/10, 05/05/10, 05/07/10, 05/11/10, 05/25/10, 05/26/10, 05/28/10
- M.D., 04/29/10, 05/17/10

- 05/26/10, 06/03/10, 06/11/10
- State Office of Risk Management, 06/16/10

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., 04/29/10, 05/17/10
- Center, 05/17/10, 05/20/10, 05/25/10
- Inc., 05/26/10, 06/03/10

Medical records from the Requestor/Provider include:

- M.D., 04/29/10, 05/17/10
- Center, 05/17/10

Medical records from the Second Provider include:

- Employer's First Report of Injury or Illness
- Accident & Injury Rehab, 04/15/10, 04/27/10, 04/28/10, 04/29/10, 04/30/10, 05/03/10, 05/05/10, 05/07/10, 05/11/10, 05/25/10, 05/26/10, 05/28/10, 06/01/10, 06/02/10
- M.D., 05/06/10, 06/03/10

PATIENT CLINICAL HISTORY:

To Whom It May Concern:

I have had the opportunity to review medical records on Ms.. The decision of the IRO is to determine whether de Quervain's release surgery is medically appropriate.

The initial report of injury indicates the patient was trying to turn facets in a men's shower when his wrist popped.

The patient presented to, D.C., and was diagnosed with a wrist sprain. Physical therapy was requested.

The therapist's note includes that the patient was having pain of the right wrist with active range of motion in lifting. A functional capacity evaluation and physical therapy subsequently ensued.

The patient was referred to M.D., and was evaluated on May 6, 2010. Dr. obtained x-rays, which were normal, and prescribed Voltaren gel. He suspected a complex regional pain syndrome, although skin color, temperature, moisture, hair, nail beds, and everything else "looked normal."

Chiropractic therapy ensued at the Lubbock Accident and Injury Rehabilitation.

The patient was kept off of work. There was eight hours of daily work hardening subsequently recommended. Her symptoms did not improve, however.

The patient returned to Dr. who prescribed further topical Voltaren. He noted facial grimacing, verbalization, and pain out of proportion to the injury.

The chiropractor, Dr., subsequently recommended light duty work.

A referral was subsequently made to M.D., who evaluated the patient on April 29, 2010. He noted a positive Finkelstein's test. He also reported that she had worn a thumb spica splint which helped temporarily. He performed an injection into the first dorsal extensor compartment at that time. The splint was recommended to be continued.

The patient returned to Dr. on May 17, 2010. She reported at that time that the injection had not helped and she continued to have pain. Surgery was subsequently recommended.

Because the patient was undergoing work hardening, concurrently, a reviewer for declined the medical necessity of the surgery.

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

It is my opinion that de Quervain's surgery is within the ODG Guidelines in this case. The ODG Guidelines call for three months of conservative treatment, as well as splinting and injections. Due to no benefit from that, surgery is recommended. The patient has had greater than three months of conservative treatment and has been treated with both an injection and splinting with no resolution of her condition. Therefore, it does appear that the surgery is medically 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 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 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)