

Notice of Independent Review Decision

DATE OF REVIEW:

06/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

DeQuervain's release, endoscopic cubital tunnel release.

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

Board Certified Orthopaedic Surgeon

REVIEW OUTCOME

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

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.

The requested procedures (DeQuervain's release, endoscopic cubital tunnel release) are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form.
- 06/04/10 MCMC Referral
- 06/04/10 Notice To Utilization Review Agent Of Assignment, DWC
- 06/04/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 06/03/10 Confirmation Of Receipt Of A Request For A Review, DWC
- 06/02/10, 05/26/10 Requests For A Review By An Independent Review Organization
- 06/02/10, 05/19/10, 04/20/10 Facsimile Transmittals with notes from Hand Center
- 05/21/10 letter Nurse Case Manager, CMS
- 04/29/10 Progress Note, M.D.
- 04/21/10 letter CMS
- 03/29/10 electrodiagnostic test report, D.O., Rehabilitation & Pain Center
- 03/17/10, 04/29/10, 05/17/10 Progress Notes, M.D.
- Undated Pre-Authorization requests, Hand Center (fax dates 04/20/01 & 05/19/10)
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:



The injured individual is a female who complained of numbness and tingling of the left hand since xx/xx/xx. There is no evidence of a specific work injury. She first saw on 03/17/2010. He mentions in his note that the injured individual has undergone conservative treatment by her Primary Care Physician (PCP), but there is no documentation for this available for review. She is subsequently diagnosed with bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and left DeQuervain's tenosynovitis. Electrodiagnostic testing is only positive for bilateral carpal tunnel syndrome (right-mild, left-moderate). There is no information regarding an injection for the DeQuervain's which the Official Disability Guideline (ODG) notes is primarily the treatment.

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

The injured individual is a obese (5'4"-160 lbs.) female with reportedly multiple entrapment syndromes. The bilaterality of these reported findings would tend to suggest a possible constitutional etiology which has not been addressed. There was no specific work injury. DeQuervain's tenosynovitis is typically addressed with a steroid injection into the tendon sheath with good results. This has not been attempted. There is no support on electrodiagnostic testing to support the diagnosis of cubital tunnel at this time. The request does not meet the criteria as outlined by the Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES