



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

## Notice of Independent Review Decision

**DATE OF REVIEW: 3/30/2011**

**IRO CASE #:**

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

73200 CT SCAN OF RIGHT HAND/UPPER EXTREMITY

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

Board Certified Orthopedic Surgeon/Fellowship Trained Spine Surgeon

### **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)



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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

<b>Document Type</b>	<b>Date(s) - Month/Day/Year</b>
Notice of Case Assignment	3/11/20XX
Provider	2/07/20XX
Adverse Determination Letter	2/23/20XX
M.D.	
Letter of denial of request	2/23/20XX
Clinic	
Request for CT of Right Hand	2/04/20XX
M.D.	
Pre Authorization Request	2/15/20XX
Clinic	
Orthopedic Postop Report	12/23/20XX
Peer Review Addendum	10/28/20XX

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A XX year old male who was injured when involved in a front end MVA on XX/XX,XXXX and suffered a concussion without a coma, cervical strain, cervical sprain, low back pain, strain/sprain of the leg. He went on to left knee arthroscopic evaluation with debridement of the meniscus and excision of medial plica on November 19, 20XX. The injured worker has had physical therapy treatment with TENS and injections. July 2, 20XX electrodiagnostic testing reported sensory median nerve entrapment at the wrist affecting sensory and motor components with evidence of mild acute L4 and L5 radiculopathy on the right and the left. Although the records are limited, by inference, and base on the clinical notes provided, it appears the patient stated that his wrist pain had been present since the date of injury (reference treating physician's office note of 12/23/20XX). The treating physician examined the injured worker's hand on 12/23/20XX and noted tenderness in the anatomical snuffbox and pain in the hand when asked to make a fist. Based on the pain and examination, the treating physician was concerned about a scaphoid fracture. This peer reviewer does not recommend a CT scan to rule out a scaphoid fracture based on the information submitted.

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

This peer reviewer does not recommend a CT scan to rule out a scaphoid fracture based on the information submitted. The ODG Guidelines<sup>1</sup> recommend a CT scan of the wrist if there is a scaphoid fracture on plan films and if there is a concern for displacement.

Other studies outlined below (2-4) recommend the use of CT for confirmation of scaphoid fracture if it is highly suspected based on clinical findings after negative plain films.

The diagnosis of a scaphoid fracture can be made on history, examination, and plain radiographs. The initial diagnostic study should be plain radiographs of which there appears to be no such report from the information I received. If the initial radiographs are negative, then in such cases a CT scan of the wrist may be indicated.

### **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 CRITERI**
- 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:**
  1. WLDI 2011 Return To Work Guidelines (2011 Official Disability Guidelines, 16th edition)  
Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 9th edition).
  2. Mallee W, Doornberg JN, Ring D, van Dijk CN, Maas M, Goslings JC  
Comparison of CT and MRI for diagnosis of suspected scaphoid fractures. J Bone Joint Surg Am 93:20-28
  3. Lozano-Calderon S, Blazar P, Zurakowski D, Lee SG, Ring D 2006 Diagnosis of scaphoid fracture displacement with radiography and computed tomography. J Bone Joint Surg Am 88:2695-2703
  4. Haisman JM, Rohde RS, Weiland AJ 2006 Acute fractures of the scaphoid. J Bone Joint Surg Am 88:2750-2758