



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 12/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OUTPATIENT SURGERY - TENOSYNOVECTOMY AND TENOLYSIS, RELEASE LOCKING AND TRIGGERING LEFT LITTLE FINGER

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

M.D. Board Certified in Plastic Surgery and 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)



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Document Type | Date(s) - Month/Day/Year |
|--|--------------------------|
| Texas Department of Insurance Notice of Case Assignment | 11/21/2011 |
| Utilization Review Determinations | 10/26/2011-11/07/2011 |
| M.D. Office visit Note | 10/19/2011 |
| Pre-Authorizations for Outpatient Surgery | 10/21/2011 |

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a chief complaint of a painful nodule at the base of the first annular pulley of the left little finger, and locking and triggering of the right little finger. He also complained of night pain, paresthesias, numbness, dysaesthesia and radiating pain in both hands. Workup for entrapment neuropathies and conservative measures have not been initiated. The physical findings support the diagnosis of trigger finger and nerve entrapment.

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

Tenosynovectomy and Tenolysis to release locking and triggering left little finger are not medically necessary at this stage and therefore denied.

Surgery to treat a trigger finger is indicated if less invasive measures fail. Steroid injections have the best chance of a successful outcome. It is unclear if they have exhausted conservative care, oral anti-inflammatories, or a home exercise program, formal physical/ occupational therapy, or stretch, strength, range of motion, or corticosteroid injection as diagnostic and potentially therapeutic approach.

If surgery becomes indicated after an adequate attempt at non-surgical treatment, it would be a release of the first annular pulley. There is no indication for tenolysis or synovectomy. Synovectomy would be the standard of care in patients with rheumatoid arthritis, or in the rare cases of tuberculosis or other



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

granulomatous conditions. The available records do not indicate that the patient has any of those conditions.

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