

US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trigger thumb and Carpal Tunnel Release

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

M.D., Board Certified Orthopedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines & Treatment Guidelines

Request for IRO dated 11/09/11

Utilization review determination dated 10/08/11, 11/04/11

Peer review report dated 10/06/11, 11/02/11

Clinical records Dr. dated 10/25/11, 09/20/11, 04/20/11, 09/09/10

Clinical note Dr. dated 06/28/04

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained work related injuries as a result of repetitive activity. The record includes an electrodiagnostic study dated 06/28/04, which included EMG/NCV of the left upper extremity, which is reported as normal. On 09/09/10 Dr. saw the claimant. She is reported to have been performing repetitive lifting and gripping with her work and developed tenderness of the forearm and swelling down the flexor sheath of the thumb with locking of the thumb. On physical examination she is reported to have locking of the thumb at the A1 pulley with tenderness. CMC grind test is mildly positive. Phalen's and Tinel's are negative. Sensation is grossly intact. She received a corticosteroid injection for diagnosis of trigger thumb. When seen in follow up on 04/20/11 the claimant is reported to have a diagnosis of trigger finger and carpal tunnel syndrome. On examination she is reported to have positive Phalen's, positive Tinel's and decreased sensation in the median distribution of the hand with recurrent triggering of the thumb. She received injections into the trigger thumb and carpal tunnel. On 09/20/11, it was noted that she has had injections, splinting, and medications and still has triggering of the right thumb. There is numbness and tingling in the hand. EMG/NCV is reported to be positive for carpal tunnel. The claimant wishes to proceed with a right trigger thumb release and right carpal tunnel release. There is reported triggering of the right thumb, tenderness at the A1 pulley. Phalen's and Tinel's are reported to be positive at the carpal tunnel. It is further noted that there is tenderness over the flexor

sheath. She is again recommended to undergo trigger thumb release and carpal tunnel release. The claimant was again seen in follow up on 10/25/11. She has had no improvement with injections. She continues to have locking of the thumb. The request for surgery was denied on 10/06/11. Dr. stated there is no data to indicate that the claimant has moderate to severe trigger thumb and/or severe limitations and restrictions. There is no documentation of moderate to severe carpal tunnel syndrome. Dr. noted that the claimant is status post trigger thumb and carpal tunnel injection with no data to establish the relief post procedurally. He notes that the claimant does not meet criteria as far as having severe carpal tunnel syndrome and as such does not meet guidelines.

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

This claimant had the insidious onset of thumb triggering and pain in the wrist in the median nerve distribution. The records do not provide any supporting data to establish that the claimant has exhausted physical therapy or undergone an appropriate course of bracing. She is noted to have undergone one intracarpal injection with injection of the trigger thumb. The records as submitted do not quantify the claimant's response to these previous injections. It is further noted that historically the claimant had a negative EMG/NCV on 06/28/2004. She is reported to have undergone an interval EMG/NCV study that was not submitted for review. Based on the totality of the clinical information, the claimant would not meet criteria per Official Disability Guidelines at this time. The reviewer finds no medical necessity at this time for Trigger thumb and Carpal Tunnel Release.

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

ACOEM-AMERICA 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)