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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 1/31/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of incise finger tendon sheath (26055).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of incise finger tendon sheath (26055).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD,

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: office notes from Dr. 9/10/09 to 1/4/11, 10/12/10 operative report, 11/15/10 letter to OIEC, 11/8/10 letter by, 2/4/09 DD report by DC, 8/3/10 nerve conduction report, 7/20/10 script for electrodiagnostics, various DWC 73 forms, 1/30/09 DD report, 10/8/10 letter by, RN, FNP, 9/18/10 denial letter, 10/14/09 MD, 7/15/10 denial letter, 11/12/10 letter

by Dr., 6/25/10 OA53A form, left hand MRI 12/24/08, 1/8/10 bone scan report, 10/8/10 chest radiographic report, 9/30/08 note by MD and 10/8/10 lab report.

Container: various HICFA 1500 forms, billing records from Hospital, 9/30/08 to 1/13/09 OT eval reports, 12/30/08 notification of injury report, OT treatment record 9/30/08 to 12/31/08, 12/16/08 note by MD, DWC 62 forms, 3/26/09 PLN 3 form, various DWC 73 forms, 9/10/09 PT script, 9/21/09 PT evaluation, 10/16/09 denial letter, 10/9/09 PT notes, 1/6/10 approval letter, 10/12/10 protocol checklist, 10/12/10 perioperative documentation, 10/12/10 post anesthesia notes, 10/12/10 progress notes medication reconciliation and PACU notes from Surgery, various EOR's and 11/4/10 letter by Dr..

: 7/13/10 precert request.

A copy of the ODG was not provided by the Carrier or URA for this review.

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

The claimant has been noted to be considered for a small finger tenosynovectomy. The original injury mechanism was that the small finger was struck by a large rubber mallet at work. She was treated with medications and therapy, as noted in the Designated Doctor records dated 2/9/09. The denial letters have noted the lack of a treatment attempt with an injection of cortisone. AP records as recent as 1/11/11 discuss tenderness and a palpable nodule at the flexor surface MP region of the left small finger. An injection of cortisone was noted to have occurred on 11/30/10, at the site of inflammation/nodule/tendon sheath in the left small finger. "More pronounced" triggering was noted on 8/10/10. A cortisone injection was documented to have occurred on 7/6/10, at the left small finger tendon sheath.

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

The claimant has subjective painful triggering of the left small finger that correlates with the swollen tender nodule at the volar surface. The claimant has had a well-documented trial and failure of reasonable non-operative treatment including medications, injections and therapy. Therefore, the procedure proposed is reasonably required as per applicable ODG criteria as noted below.

Percutaneous release (of the trigger finger and/or trigger thumb) is recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind. One hundred and eighty patients with 240 trigger digits were treated by percutaneous release using a 'lift-cut' technique. All patients were reviewed at 3 months following release. Overall,

94% achieved an excellent or good result. Ten patients experienced recurrent symptoms and required a subsequent open release. There was no clinical evidence of digital nerve or flexor tendon injury. According to one study, percutaneous release with steroid injection of trigger thumbs is a cheap, safe and effective procedure with a low rate of complications. Percutaneous release with steroid injection produced satisfactory long-term results in 91% of cases whereas steroid injection alone produced satisfactory results in 47% of cases. Percutaneous trigger thumb release combined with steroid injection has a higher success rate than that of steroid injection alone. Surgical release of the A1 pulley for treatment of trigger finger normally produces excellent results. However, in patients with long-standing disease, there may be a persistent fixed flexion deformity of the proximal interphalangeal joint due to a degenerative thickening of the flexor tendons. Treatment by resection of the ulnar slip of flexor digitorum superficialis tendon is indicated for patients with loss passive extension in the proximal interphalangeal joint and a long history of triggering. One study concluded that surgical outcome for trigger finger was poorer than that for trigger thumb, partly due to flexion contracture of the PIP joint.

**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)**