

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lidocaine & Steroid Injection, 1st Dorsal Compartment R Hand/Wrist 20610, and J1030

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

11/2/10, 10/19/10

Official Disability Guidelines

MRI of right Wrist: 09/28/07

Bone and Joint clinic: 09/28/, 10/10/07, 10/25/07, 11/09/07, 01/08/08

MR Arthrogram right shoulder: 10/22/07

X-rays right hand: 11/2/04/07

Physical Therapy Notes: 11/06/07-12/06/07

Dr., Office Notes: 10/31/07, 12/20/07

EMG/NCV: 11/01/07

FCE: 02/20/08

Operative Report: 02/17/09

Dr., office notes: 09/09/10, 10/07/10

Peer Reviews: 10/19/10, 11/02/10

Carrier Submission: 12/06/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his right hand and wrist on xx/xx/xx when he suffered a slip and fall. The claimant underwent a DeQuervain's release, superficial radial nerve decompression and wrist synovectomy on 02/17/09. When he saw Dr. on 10/07/10 the claimant complained of right-sided wrist pain, some basilar thumb pain and numbness over the dorsal aspect of the thumb in the superficial radial nerve distribution. The claimant reported that a cortisone injection he received on 09/09/10 had only lasted for four days. On physical examination the claimant had full range of motion of all digits,

decreased sensation to his superficial radial nerve to light touch, tenderness over the trapeziometacarpal joint and a positive Finkelstein's test. Dr. recommended another steroid injection. This was noncertified by a peer review on 10/19/10 as the claimant had had an injection with no evidence of success and therefore a repeat injection was not indicated. A second peer review on 11/02/10 also noncertified the injection due to the injection giving the claimant only four days of pain relief.

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

The Lidocaine & Steroid Injection, 1st Dorsal Compartment R Hand/Wrist 20610, and J1030 Is not considered medically necessary based upon the records provided in this case.

This claimant is status post a previous de Quervain's release. He underwent an injection back in September of 2010, which provided relief for four days. The Official Disability Guidelines for de Quervain's tenosynovitis, recommend injections with an 83 percent cure rate. As this claimant is already status post first dorsal compartment release surgery, experienced no sustained relief whatsoever with the first injection, additional treatment of radial sided wrist pain for the diagnosis of de Quervain's tenosynovitis with a lidocaine and steroid injection and splint would not be considered medically necessary based upon the records provided in this case. The reviewer finds that medical necessity does not exist for Lidocaine & Steroid Injection, 1st Dorsal Compartment R Hand/Wrist 20610, and J1030.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates.
Forearm, Wrist and Hand: Injection

de Quervain's tenosynovitis: Injection alone is the best therapeutic approach. There was an 83% cure rate with injection alone. This rate was much higher than any other therapeutic modality (61% for injection and splint, 14% for splint alone, 0% for rest or nonsteroidal anti-inflammatory drugs). (Richie, 2003) (Lane, 2001) For de Quervain's tenosynovitis (a common overuse tendon injury of the hand and wrist), corticosteroid injection without splinting is the preferred initial treatment (level of evidence, B). Compared with nonsteroidal anti-inflammatory drugs, splinting, or combination therapy, corticosteroid injections offer the highest cure rate for de Quervain's tenosynovitis. In most patients, symptoms resolve after a single injection. Corticosteroid injections are 83% curative for de Quervain's tenosynovitis, with the highest cure rate vs the use of nonsteroidal anti-inflammatory drug therapy (14%), splinting (0%), or combination therapy (0%). For this condition, corticosteroid injection without splinting is the recommended treatment. (Stephens, 2008) This Cochrane review found one controlled clinical trial of 18 participants that compared one steroid injection with methylprednisolone and bupivacaine to splinting with a thumb spica for de Quervain's tenosynovitis. All patients in the steroid injection group achieved complete relief of pain whereas none of the patients in the thumb spica group had complete relief of pain. (Peters-Veluthamaningal, 2009)

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)