

The requested service, Tendon Sheath Incision (EG, for Trigger Finger), is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 1/4/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/5/11.
3. TDI Notice to IRO of Case Assignment dated 1/26/11.
4. Medical records from MD dated 3/23/06, 3/27/06, 4/24/06, 11/9/06, 11/16/06, 11/21/06, 12/19/06, 6/19/07, 7/24/07, 8/20/07, 9/13/07, 10/11/07, 10/12/07, 10/18/07, 11/5/09, 10/28/10 and 11/8/10.
5. Letter from MD dated 12/7/10.
6. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is male with a diagnosis of left index/middle trigger fingers. The submitted documentation includes no evidence of conservative management. The patient's provider indicates there is no conservative management for the patient's condition. The provider has recommended surgical intervention, specifically Tendon Sheath Incision. The URA has denied coverage for this service on the basis that the patient has not undergone conservative treatment. Specifically, the URA indicates that Official Disability Guidelines (ODG) for the Forearm, Wrist and Hand support percutaneous release in cases in which symptoms persist after steroid injection.

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

I have determined that the requested service, Tendon Sheath Incision (EG, for Trigger Finger), is not medically necessary for treatment of the patient's condition. Relevant guidelines in this setting include American Association of Orthopedic Surgeons (AAOS) Guidelines, Official Disability Guidelines (ODG), Texas TACADA Guidelines, and Milliman Care Guidelines. All of these sources indicate that surgical release is appropriate and indicated for patients who have failed conservative management or patients who have recurrence of trigger finger despite conservative care management including steroid injection. Review of the submitted documentation reveals no evidence that this patient has had any previous conservative management such as injection of steroid into the tendon sheaths. Review of the literature does not demonstrate that steroid injection is an unsafe procedure in this setting. Given that failure of conservative therapy has not been established in this case, the requested service is not medically necessary for this patient.

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)

American Academy of Orthopedic Surgeons Guidelines for Treatment of Trigger Finger.