

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** 07/28/11

**IRO CASE NO.:**

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

Item in dispute: Outpatient Tenolysis right thumb to include CPT code: 26445.

Date of Service 03/29/2011 – 03/29/2011

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

## **PATIENT CLINICAL HISTORY (SUMMARY):**

According to the Employer's First Report of Injury or Illness, the employee sustained an injury on xx/xx/xx. Several lacerations of the extensor tendon of the left thumb with additional tendon injuries to the flexor pollicis brevis and abductor pollicis brevis tendons. The employee was alleged to have required emergency surgery and that was completed on 02/02/11.

After surgery, the employee did progress well and started physical therapy on 03/20/11. Unfortunately, the employee was noted to have decreased flexion at the IP joint of 40 degrees and palpable thick scar dorsally covering the joint. This was revealed approximately one week after the employee was taken out of his splint.

After the employee's initial surgery, which was xx/xx/xx and the subsequent surgery on 03/29/11, the employee unfortunately continued to complain of pain and difficulty with range of motion in the finger. The initial surgery was performed to repair the extensor pollicis longus, extensor brevis, flexor pollicis brevis, and the abductor pollicis brevis tendons. The second surgery was performed to excise hypertrophic scar tissue and perform tenolysis of the following tendons in the right thumb; extensor pollicis longus, pollicis brevis, flexor pollicis brevis, and abductor pollicis brevis. Also, a dorsal capsulotomy was performed. The employee did initiate physical therapy after the second surgery as well. The second surgery was performed by Dr. because he felt that the employee had developed hypertrophic scar tissue formation involving both the tendons. The employee was having decreased range of motion and pain in the joint from scar tissue.

By 03/30/11, the employee was noticing improvement in his hand from the second surgery.

On 03/30/11, a peer review was performed by M.D. At that point, it was felt the second surgery was unnecessary because a complete course of conservative care had not been completed.

By 04/27/11, the employee was re-evaluated by Dr. and found to have a 90% range of motion at the MCP joint and 45% at the PIP joint. The employee was improving significantly according to Dr. note from the examination on 04/27/11.

On 07/15/11, it was noted that the second surgery was performed without authorization and that the physician reviewer who reviewed the 03/28/11 preauthorization request denied the request, as it was felt to be too soon for additional surgery.

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

On 03/28/11, the employee noted decreased range of motion with flexion of the right thumb. Dr. re-evaluated the employee and felt the employee needed surgery on an emergent basis. As previously stated, that surgery occurred on 03/29/11. It

appears the employee did improve fairly rapidly after the second surgery. Upon reviewing Dr. note, it was noted the employee had decrease in range of motion of the IP joint with an inability to flex the IP more than 20 degrees. It was hoped that with surgery, the employee would have improved range of motion. It appears the employee had completed approximately five visits of physical therapy between his first surgery and his second surgery. It appears the Official Disability Guidelines do not directly address the time frame recommended for tenolysis surgery. The Wheelless Online Textbooks of Orthopedics does relate that the indications for tenolysis include failure to improve range of motion after three months. The employee's original surgery was completed on 02/02/11. The second surgery was completed on 03/29/11. This is approximately one month and 27 days from the date of the original surgery. Therefore, the surgery is not warranted.

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

Green, D., Hotchkiss, R., Pederson, W., & Wolfe, S. Green's Operative Hand Surgery, 5th Edition. Churchill Livingstone, 2005. Wheelless' Textbook of Orthopaedics Tenolysis of Flexor Tendons

- See: Technique of Free Tendon Grafting;
- Discussion:
  - indications for tenolysis include failure to improve ROM after 3 months;
  - if patient has had previous flexor tendon repair, surgery should be delayed until 6 months post op (inorder to avoid tendon rupture);
  - consider using a wrist block and propofol anesthesia, so that the patient can demonstrate active motion in the operating room (indicating whether the tenolysis has been successful);
  - surgical stategy involves creating small windows in the flexor tendon sheath, and using a periosteal elevator to elevate adhesions off the tendon;
    - in order to avoid having to make multiple incisions, loop a 24 gauge wire around the tendon and push it along the tendon sheath (along the volar and dorsal sides);
    - the wire will either break up adhesions, or will direct the surgeon to where resistant adhesions are located;
  - vigorous postoperative ROM is a must;
  - if tenolysis does not achieve sufficient ROM, repeated tenolysis is not indicated;
    - tenolysis should not take place before than 6 months after repair, because it may lead to tendon rupture;
    - outcome is not always consistent;
  - if tenolysis does not appear possible, the surgeon should move on to staged flexor tendon repair;
- Complications:
  - rupture of tendon repair;
  - edema;
  - neurovascular injury;
  - rupture of flexor pulleys;