

SENT VIA EMAIL OR FAX ON  
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# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/07/2011

**IRO CASE #:**

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

1 office visit

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

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**

OD Guidelines

1. Cover sheet and working documents
2. Medical records Dr.
3. Operative report dated 03/09/09
4. Biopsy report dated 03/09/09
5. Laboratory report dated 03/04/09
6. MRI right shoulder dated 03/07/07
7. MRI left hand dated 07/22/05
8. MRI right hand dated 07/22/05
9. MRI left wrist dated 07/25/05
10. MRI right wrist dated 07/25/05
11. Adverse determination letter dated 01/18/11, 11/17/10, 01/31/11
12. Preauthorization determination letter dated 10/06/10
13. Request for reconsideration dated 01/24/11
14. Appeal letter dated 02/09/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is XX/XX/XXXX. The earliest record submitted for review is an orthopedic consultation dated 06/01/05. The patient is noted to have

undergone bilateral carpal tunnel release several years ago and reports that she has started having pain in the thenar area of the left thumb. On physical examination the patient presents with no edema, crepitation, deformity or false motion on either hand. She presents with pain upon palpation over the thenar area of the left thumb exacerbated by range of motion. Tinel's and Phalen's are negative.

MRI of the left hand dated 07/22/05 revealed tenosynovitis of the second, third and fourth extensor tendons at the level of the proximal phalanges. MRI of the right hand dated 07/22/05 revealed findings suggestive of tenosynovitis of the second, third and fourth extensor tendons. MRI of the left wrist dated 07/25/05 revealed a small cyst on the dorsum of the hand may represent a ganglion or may simply represent focal fluid in a joint space recess; ulnolunate impaction. MRI of the right wrist dated 07/25/05 revealed diffuse wrist effusion with some fluid seen in the carpal tunnel; fluid is present about the median nerve; findings suggest ulnolunate impaction, but no frank tear of the triangular fibrocartilage is seen.

The patient was seen in follow up on 08/31/05 and recommended for physical medicine rehabilitation and prescribed Mobic. The patient was not seen again until 06/29/06 at which time she reports she started having sharp pain in the right thumb radiating up to her neck approximately two weeks prior. Follow up note dated 08/16/06 indicates that the patient underwent physical medicine rehabilitation program, which relieved some of the pain on the left side, but not on the right side. The patient underwent right wrist first dorsal compartment injection on 08/23/06 which provided some relief. The patient underwent left wrist first dorsal compartment injection on 09/06/06, and the patient reported that the pain decreased markedly.

MRI of the right shoulder dated 03/07/07 revealed no evidence of rotator cuff tear or tendinopathy; no labral tears; and minimal subacromial and coracoid bursitis. Subsequent medical report dated 03/16/07 indicates that the patient complains of pain in the right shoulder, which has improved markedly since her last visit as well as continued right wrist pain. The patient underwent injection of the first dorsal compartment of the right wrist on this date.

There is a gap in the treatment records until 02/20/09. The patient reports that right wrist pain has become worse and she is wearing the brace all the time. On physical examination Finkelstein's is positive on the right side. There is tenderness to palpation in the extensor pollicis longus tendon and 1st dorsal compartment of the wrist. The patient underwent first dorsal compartment extensor compartment release and tenosynovectomy on 03/09/09.

Follow up note dated 04/14/09 indicates that the patient reports 80% pain relief; she is still undergoing physical medicine rehabilitation. Follow up note dated 05/19/09 indicates that the patient reports 50% pain relief, and she has not undergone any additional physical medicine rehabilitation since her last visit. Follow up note dated 06/19/09 indicates that the patient has not recovered full motion of the thumb.

There is a gap in the treatment records until 05/21/10. The patient complains of right wrist pain for the past three months. She denies any injuries or trauma. The pain is located near the site of the surgery, but not exactly the same place. On physical examination there is tenderness to palpation in the radial styloid exacerbated by radial deviation. There is no significant pain on the first dorsal compartment. The patient underwent injection to the right wrist radial styloid on this date. Follow up note dated 06/25/10 indicates that the patient reports the injection really helped her and the pain is almost gone.

Follow up note dated 08/13/10 indicates that the injection provided 50% pain relief, and Mobic and Ketoprofen cream are still working for her. On physical examination there is minimal pain to palpation in the styloid process of the radius. There is slight crepitation upon range of motion. There is no significant pain to the radial deviation. The patient was recommended to follow up in 3 months. Preauthorization determination letter dated 10/06/10 approved a single office visit for transition to an over the counter regimen of medication

noting that her case would appear very prolonged for a tendonitis from 19XX.

A request for one office visit was non-certified on 11/17/10 noting that per telephonic consultation with the requesting provider's office, the patient has not followed up with Dr. since 08/13/10, and the office was not aware that there was already a preauthorization for an office visit. She indicated she would like to withdraw the current request for an office visit. The denial was upheld on appeal dated 01/18/11 noting that there is no indication for chronic follow up for the postoperative course and tenosynovitis.

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

Based on the clinical information provided, the request for one office visit is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in 19XX and was subsequently diagnosed with tenosynovitis. The patient has been treated with physical therapy, medication management and multiple injections. The patient underwent first dorsal compartment extensor compartment release and tenosynovectomy on 03/09/09. The most recent follow up note submitted for review is dated 08/13/10 and indicates that the patient's physical examination is grossly unremarkable with only minimal pain to palpation in the styloid process of the radius. The patient was subsequently authorized for a single office visit to transition her to an over the counter medication regimen. There is no clear rationale provided to support ongoing office visits for tenosynovitis from 19XX, which has been treated with extensive conservative measures as well as surgical intervention. Given the current clinical data, the requested office visit is not indicated as medically necessary, and the two previous denials are upheld.

**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)