

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

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/14/11

**IRO CASE NO.:**

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

Item in dispute: Appeal OP; Lft Thumb Reconstruction collateral ligament etc 26541

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

Board Certified Orthopedic Surgeon (Joint)

**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**

1. Clinical records and Medical Center dated 05/23/11, 06/07/11, 06/14/11, 06/28/11, 07/12/11, 07/27/11, 08/02/11, 08/11/11, 08/25/11, 09/08/11, 09/29/11, 09/30/11, and 10/20/11
2. Radiographic report left thumb dated 05/30/11
3. MRI left thumb dated 07/06/11
4. Clinic note dated 08/01/11
5. Utilization review determination dated 08/04/11
6. Utilization review determination dated 09/20/11
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a female who was reported to have sustained work related injuries on xx/xx/xx. She reported injuring her left thumb while working with melons. It was reported on clinical record that she sustained hyperextension injury.

On xx/xx/xx, the employee sought care from. These clinical notes were handwritten. It was noted the employee was tender at the metacarpophalangeal joint, and there was evidence of edema. The employee was placed on Celebrex 200 mg and on modified duty.

The employee was subsequently seen in follow-up on 05/30/11. She reported she continued to have pain in her thumb. She was continued on oral medications. Radiographs of thumb performed on 05/30/11 appear normal. She was subsequently provided braces and anti-inflammatory medications. She was noted to have good range of motion but continued pain. She was ultimately referred for MRI of the left thumb.

On 07/06/11, an MRI of the left thumb noted disruption of ulnar collateral ligament and thumb consistent with history of dorsiflexion injury. Records indicated the employee had continued pain and was subsequently referred for surgical evaluation.

On 08/01/11, the employee was referred to. The employee presented with pain to left thumb. She reported inspecting melons with her left thumb bent backwards. On physical examination, the employee was noted to have soft tissue tenderness on the left. She was noted to have normal passive and active range of motion. There was no subluxation of CMC joint or pain with CMC grind test and tenderness of the MCP joint. There was left ulnar instability of left thumb MP joint. Strength and thumb extension was 4/5, opposition 4/5, flexion 4/5, grip 4/5. She was neurologically intact. The employee was opined to have chronic instability of ulnar collateral ligament of left thumb. She was recommended for open reconstruction ligament tear with use of tendon graft.

On 08/04/11, the initial request was reviewed by. non-certified the request. He noted the employee had left thumb pain, tenderness over the metacarpophalangeal joint, instability and decreased strength. He noted that despite the 08/01/11 reported medical findings, there was no documentation of MRI report and failure of conservative treatment. He subsequently found the request not substantiated and not medically necessary.

A subsequent appeal request was reviewed on 09/20/11 by. non-certified the request noting the employee had not undergone conservative treatment. He noted conservative treatment made up of bracing for four to six weeks followed with daily active range of motion exercises is not indicated in records submitted for review. Therefore, the request was not medically necessary.

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

The request for left thumb collateral ligament reconstruction is not supported as medically necessary and previous utilization review determinations are upheld. The submitted clinical record indicates the employee sustained hyperextension type injury which resulted in disruption of collateral ligament of left thumb. The submitted clinical records provide absolutely no data to establish the employee has undergone an appropriate course of physical therapy to include bracing. In the absence of documentation to establish failure of conservative treatment, the requested left thumb

reconstruction collateral ligament repair is not supported as medically necessary per ***Official Disability Guidelines***.

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

1. ***Official Disability Guidelines***