SENT VIA EMAIL OR FAX ON
Oct/20/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Extensor Carpal Ulnaris Tenotomy to Right Wrist

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

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Request for IRO dated 10/12/11
Utilization review determination dated 09/06/11, 10/11/11
MRI of the wrist dated 11/14/10
Clinical records Dr. dated 02/16/11, 03/30/11, 08/01/11, 08/29/11, 09/26/11
Operative report dated 05/04/11
Peer review dated 06/13/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who is reported to have sustained work related injury on xx/xx/xx. On this date she is reported to have sustained a slip and fall landing on her outstretched right hand. Records indicate that the claimant was treated conservatively with oral medications, physical therapy, and splinting. She was ultimately taken to surgery on 05/04/11 and underwent an extensor carpi ulnaris tendon stabilization and rerouting of the right wrist. The claimant subsequently was referred for postoperative physical therapy.

On 08/01/11 the claimant was seen in follow up. She is noted to have chronic ECU tendonitis. She is status post surgery. She is tender over the dorsum of her wrist with swelling. She went to physical therapy a few weeks after her surgery. At her last visit of physical therapy they manipulated her wrist and this caused quite a bit of swelling and pain over the wrist. On physical examination her incisions are clean, dry and well healed. She has edema and swelling over the ulnar side of the dorsum of her right wrist. She has decreased flexion and extension of the wrist past about 30-40 degrees and pain at the ECU insertion as well as pain over the dorsum of the wrist on palpation. She is able to make a composite fist. Sensation is intact. She has motor intact for EPL, FPL and hand intrinsics. She was again referred for additional physical therapy. When seen in follow up on 08/29/11 physical therapy has proven to be of no benefit. On 09/26/11 she is noted to have been to 22 sessions of therapy without improvement. She reports daily pain shooting up to her elbow. Her physical examination is unchanged. She is recommended to undergo tenotomy of the ECU tendon in hopes that this will alleviate her pain and get her to return to normal functions.

The initial review was performed on 09/06/11 by Dr. Dr. non-certified the request. He notes that the claimant has chronic extensor carpi ulnaris tendonitis and has undergone an ECU tendon stabilization and rerouting of the right wrist. He notes that the requested surgical procedure is not addressed in ODG so due to the lack of guidelines the reviewer is unable to determine the medical necessity. He further notes that the patient complains of ongoing right upper extremity pain and notes that extensor tenotomy would be indicated provided the claimant meets specific criteria. He subsequently opined there is a lack of documentation regarding the failure of conservative treatment.

The appeal request was reviewed by Dr. on 10/11/11. Dr. finds that the medical necessity is not established for the proposed ECU tenotomy of the right wrist. She notes that the claimant has undergone a course of conservative treatment and underwent a surgical intervention with an ECU tendon stabilization. She has continued complaints of right wrist pain. Physical therapy and oral steroids have not helped. She notes that there are no postoperative diagnostic imaging studies submitted for review and without additional clinical data, the request cannot be established as medically necessary.

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

The request for extensor carni ulnaris tenotomy to right wrist is not established as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant is status post ECU tendon stabilization and rerouting of the right wrist secondary to a slip and fall occurring on the date of injury. She has undergone 22 sessions of postoperative physical therapy and she has additionally received corticosteroid dose pack. The claimant has continued complaints of pain at the wrist. The record does not include any recent imaging studies to establish the presence of pathology. There is no indication in the clinical record that diagnostic injections have been performed to confirm the diagnosis. Based upon the totality of the submitted clinical information, the request cannot be established as medically necessary as definitive diagnosis has not been established and as such the previous utilization review determinations are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES