

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Dequervains Release 25000

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

MD, Board Certified Orthopedic Surgery

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. He worked for and mechanism of injury is described as lifting. Records indicate the injured employee has a history of tenosynovitis of the right wrist one year ago, and he was treated with p.o. meds and occupational therapy. He underwent injection which led to significant improvement and released to full duty. On xx/xx/xx the injured employee states he went to grab a bag and felt sharp shooting pain through the wrist tendons near the thumb and heard a snapping sound. The injured employee was seen on xx/xx/xx by Dr. who referred the injured employee to Dr. I, an orthopedic hand surgeon. He was seen by Dr. on 06/21/11. Dr. noted the injured employee has had recurrence of symptoms that are exactly the same as he had a year ago for which he was treated in Chicago where he received a 3 steroid injection after failing conservative treatment. On examination Finkelstein's test was positive on right. Tinel's was negative over the median, radial, and ulnar nerve. Assessment was right de Quervain's tenosynovitis. Injection was performed on this date, and the injured employee was recommended to wear a thumb spica splint. The injured employee was allowed to return to work without restrictions. The injured employee was seen in follow-up on 07/12/11 and reported no significant improvement from steroid injection. He has had 2 injections but continues to have pain on dorsal radial aspect of the wrist. Physical examination remained unchanged.

A physician advisor review dated 07/22/11 determined the request for right de Quervain's release was non-certified as medically necessary. After peer to peer discussion with requesting provider, it was noted that the injured employee has been symptomatic for over a year and previously has undergone splinting and injections. It was noted that the injured employee continues to have pain on dorsal radial aspect of wrist. On physical examination there is positive Finkelstein's test on right. Tinel's is negative over the median, radial and ulnar nerves. Reviewer noted there were no imaging studies or plain radiographic studies submitted for review to rule out other bony or ligament pathology.

There also was no clear documentation of conservative treatment. No OT progress notes were provided to show the injured employee's clinical and functional response. Optimized pharmacotherapeutic utilization in conjunction with VAS scoring and rehabilitative support was not evident in the report. As such, the need for request was not substantiated at this time. A reconsideration request was reviewed on 08/18/11 and again determined as non-certified. It was noted there was documentation of continuous pain on dorsal radial aspect of the wrist, positive Finkelstein's test on right, and steroid injection. However, there is no documentation of additional consistent symptoms (pain with thumb motion, swelling over wrist, popping sensation), additional signs (tenderness over the radial styloid; mass over radial styloid; crepitus thick tendon sheath; pain upon passive abduction; triggering; pain worse with ulnar deviation, thumb flexion); and positive Tinel's sign over the radial sensory nerve and local tenderness. Additionally, despite documentation of steroid injection, there was no documentation of failure of 3-6 months of conservative treatment (splinting, injection of dorsal compartment (response to previous injection), and work evaluation.) Therefore, medical necessity was not substantiated.

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

The injured employee is noted to have sustained a lifting injury on xx/xx/xx. He has history of previous treatment for tenosynovitis approximately a year ago. He is noted to have had cortisone injection x 3 with significant improvement, and was released to full work duty. He has had intermittent mild pain since then. The records indicate the injured employee has had two cortisone injections since the injury on xx/xx/xx; however, there is no documentation of other conservative treatment for at least 3 months. The criteria for the procedure as outlined in the Official Disability Guidelines has not been met. The reviewer finds there is no medical necessity for Right Dequervains Release 25000.

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)