



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 02/09/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repair of malunion fracture, left clavicle fracture

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of reviewer
2. TDI case assignment
3. Letters of denial, 01/19/12 and 12/23/11 including the criteria used in the denial
4. CT scan, left clavicle without contrast, 06/28/11 and MRI scan of the cervical spine, 11/28/11
5. Electrodiagnostic medicine laboratory report, 08/19/11
6. Treating doctor's evaluations and followup, 04/21/11 through 01/10/12

<i>Primary Diagnosis</i>	<i>Service Being</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
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<i>Code</i>	<i>Denied</i>								
			<i>Prosp.</i>						<i>Overturn</i>

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant suffered a significantly displaced comminuted fracture of the left clavicle. This ended up healing in malunion with significant inferior and posterior displacement. This evidently was causing significant traction on the brachial plexus causing a plexitis and radicular-type symptoms. A corrective osteotomy and repair of the malunion was denied twice by the insurance company for lack of clinical information and after peer discussion because of the insurance company's feeling that the claimant's pain was not necessarily coming from the fracture malunion.

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

The clinical notes by the requesting surgeon clearly demonstrate a very difficult case. The claimant has significant nerve-type symptoms in the upper extremity with a negative EMG study and a noncontributory cervical MRI scan. This was used as the basis for some of the denials. However, I believe that due to the complexity of the anatomy and the proximity of the brachial plexus, certainly it could be reasonable that the malunion and its displacement could be causing compression of the thoracic outlet and brachial plexus. This, many times, would not be noted on an EMG study or a nerve conduction study. There are no clinical examination findings, such as a Spurling's test, or EMG findings to suggest that this is coming from the claimant's neck. I agree with the requesting surgeon's request for operative treatment of the malunion with a corrective osteotomy and internal fixation in an attempt to decrease the claimant's pain and, hopefully, relieve pressure on the claimant's brachial plexus.

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

- ACOEM-American 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 judgment, 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.

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- _____ Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- _____ Texas TACADA Guidelines.
- _____ TMF Screening Criteria Manual.
- _____ Peer reviewed national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)