

SENT VIA EMAIL OR FAX ON  
Jan/30/2012

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**

Jan/27/2012

**IRO CASE #:**

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

Neurolysis, Scar Release R Wrist, Resection of Neuroma

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

Board Certified General Surgery

Fellowship: Orthopedic Hand and Upper Extremity 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**

OD Guidelines

Adverse determination notice 11/08/11

Adverse determination after reconsideration notice 12/27/11

response to request for IRO 01/12/12

Office notes Dr. 04/07/11-01/05/12

Operative report 04/27/11

Pre-authorization request 11/03/11

Pre-authorization reconsideration request 12/15/11

Designated doctor evaluation Dr. 12/09/11 and 08/26/11

Multiple requests for prescription refill law firm letter requesting statement regarding claimant's anticipated future disability 10/31/11

Reply regarding anticipated disability Dr. 11/22/11

Authorization notice 11/08/11

Notice of disputed issues refusal to pay benefits 09/06/11

Rescheduling required medical evaluation 11/09/11  
Carrier's analysis regarding upcoming designated doctor evaluation/maximum medical improvement impairment rating 08/16/11  
Police incident report 06/03/11  
Claimant letter 08/04/11 regarding lost prescription  
Case management letter 05/11/11  
Response Dr. 06/02/11  
Outpatient physical therapy/occupational therapy notes 05/16/11

#### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he had a razor sharp object cut his right wrist below the thumb area at work. He had a 3cm curvilinear laceration which was repaired. Claimant developed some neuropathy of the laceration and was referred to Dr., orthopedic surgeon who describes first dorsal compartment laceration of tendon and radial nerve injury with tendon stumps with development of neuroma. On 04/27/11 the claimant underwent exploration right wrist, repair of laceration of adductor hallucis brevis with partial erectors hallucis longus, grafted extensor hallucis brevis, neurolysis of superficial radial nerve. Claimant participated in post-operative occupational therapy/physical therapy. The claimant was seen by Dr. on 10/27/11 and continues to complain of significant pain in the right wrist. Dr. recommended proceeding with surgery on the right arm specifically to excise the neuromas and branches of the superficial radial nerve.

A pre-authorization request was reviewed on 11/08/11 and adverse determination rendered. Reviewer noted that most recent imaging note from 10/27/11 shows positive Tinel's over the radial aspect of the forearm with complaints of significant pain. A complete exam is not described on the current note. Prior note from 10/20/11 noted signs and symptoms suggestive of RSD. The claimant was certified for stellate ganglion block at the end of 10/11, but the reviewer is unsure if this has been accomplished and results of injection. Diagnosis has been chronic regional pain syndrome. Other surgical interventions worse in the chronic regional pain syndrome, evidence of neuroma is not overwhelming. There have been no injections documented in the area of the neuroma or blocks to this area that would secure the diagnosis. Given the lack of significant physical examination findings, diagnosis of RSD, incomplete information regarding prior injection, request for further surgery is unlikely to be of benefit. Therefore request is not recommended as medically necessary.

A reconsideration request was reviewed on 12/27/11 and adverse determination rendered. The reviewer noted the claimant's diagnosis is late effect tendon injury, pain in wrist. Clinic note dated 12/02/11 noted claimant had repair of first dorsal compartment tendons. The exam of hand was difficult because of hypersensitivity of hand. Passive range of motion of interphalangeal joint of thumb is essentially normal, though the exam is intended with considerable difficulty because of pain and hypersensitivity to touch. Active flexion of thumb achieved range of motion of approximately 30 degrees, limited by complaints of pain. Active extension of thumb mediated by extensor pollicis longus results in extension of 10 degrees short neutral. The extensor pollicis longus is visible during attempts at extension, confirming the claimant is making effort to extend interphalangeal joint. During attempts at extension the claimant complains of pain at level of postoperative scar. If the interphalangeal joint is passively extended to 0 or +5 degrees, the claimant cannot maintain position and claims severe pain with effort. The claimant has hypersensitivity to any touch of distribution of superficial radial nerve encompassing the dorsal radial forearm, wrist, dorsum of hand encompassing first web space, dorsum of thumb and dorsum of hand adjacent to index finger. Recommendations were for radial nerve block which was completed with 0.5 Marcaine with epinephrine. Assessment indicates the claimant underwent complex reconstruction procedure on right wrist after late presentation secondary to on the job injury resulting in division of first dorsal compartment tendons. He manifested marked pain with dorsal radial right wrist consistent with nerve mediated pain in distribution of superficial radial nerve and marked point tenderness consistent with neuroma formation. He has limitation of extension of interphalangeal joint. Physical examination suggests this is secondary to tenodesis of extensor pollicis longus adjacent to area of first dorsal compartment tendon.

After superficial radial block was done the claimant had marked improvement of function with near complete relief of hypersensitivity which handicapped his ability to move of function. The reviewer determined request for neurolysis scar release of right wrist, resection of neuroma is not medically necessary / appropriate. It was noted there was no indication the claimant has attended and failed physical therapy program or home exercise program to work on deficits of range of motion or pain symptoms. Therefore, surgery would not be indicated at this time.

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

The claimant is noted to have sustained laceration injury requiring surgical intervention including repair of laceration abductor pollicis brevis with partial abductor pollicis longus graft to extensor pollicis brevis, neurolysis of superficial radial nerve. The claimant remains symptomatic following surgery. Records include physical / occupational therapy note dated 05/16/11, and per designated doctor evaluation the claimant went to occupational therapy / physical therapy, but was not feeling good because of complexity of repair recommended in second opinion. Subsequent records indicate the second opinion by Dr. advised claimant to undergo tenolysis scar revision and resection of superficial radial nerve neuroma with placement of nerve pump in muscle. Office note dated 12/02/11 indicates the claimant reported he did not have physical therapy and this was denied by workman's comp. The claimant underwent stellate ganglion block on 11/14/11 with minimal effect. Records reflect the claimant has undergone superficial radial nerve blocks on 12/02/11 and 01/05/12 with near complete relief of hypersensitivity / pain; however, even with pain the claimant is noted to not recover significant active or passive range of motion. Based on the clinical information provided, medical necessity is established for neurolysis, scar release right wrist and resection of neuroma and the previous determinations are overturned.

#### **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)**