

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Reconstruction Ulnar Collateral Ligament Left Thumb 26540

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

M.D., Board Certified General 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

Official Disability Guidelines
Request for IRO dated 01/17/12
Utilization review determination dated 12/09/11
Utilization review determination dated 01/04/12
Clinical records Dr. dated 10/20/11, 12/01/11, and 01/05/12
DWC form 73 dated 10/20/11, 12/01/11, 01/05/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male injured on 10/11/11. On 10/20/11, he was seen by Dr.. He has been compliant with splint. He continues to have significant pain. On examination he has tenderness over the ulnar collateral ligament of MCP joint on thumb reported to be grossly unstable. Surgical intervention followed by postoperative immobilization and rehabilitation was recommended. He was seen in follow-up on 12/01/11 with continued gross instability of MCPJ. Repair is again recommended. According to Dr. there is no indication for continued splinting, injections, medications, or physical therapy. On 01/05/12 it was reported the claimant's surgery had been denied and he continues to have pain relative to left thumb. Again he has tenderness over the ulnar collateral ligament of MCPJ of thumb and continues to demonstrate gross instability. He is allowed to work as long as he continues to wear thumb spica splint.

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

There is no indication in the clinical records submitted for this review that this claimant has undergone conservative treatment other than thumb spica splint. There is no detailed physical examination with range of motion detailing laxity of joint. Stress radiographs of joint nor advanced imaging studies establishing diagnosis were in the records. In the absence of

a detailed physical examination and appropriate imaging studies, the reviewer finds medical necessity for Reconstruction Ulnar Collateral Ligament Left Thumb 26540 has not been established at this time.

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)