

SENT VIA EMAIL OR FAX ON
Dec/30/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Neurolysis Left Superficial Radial Nerve

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

Orthopedic spine surgeon, practicing neurosurgeon

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

Notification of determination 11/28/11

Appeal review determination 12/05/11

Office notes Dr. 04/12/11 through 09/27/11

Designated doctor evaluation 11/11/11

X-rays left wrist 03/11/11

MRI left wrist 04/15/11

Office notes Medical Center 03/11/11 through 05/12/11

Occupational therapy notes 04/14/11 through 06/09/11

Carrier submission logs 12/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was working for and a customer opened a door into his left wrist and hand. X-rays of the left wrist on

03/11/11 were normal. MRI of the left wrist performed 04/15/11 was unremarkable. Claimant was treated with occupational therapy from 04/14/11 through 06/09/11. On examination the claimant was noted to have strongly positive Tinel's over the superficial branch of the radial nerve just proximal to the styloid on the left. A left radial nerve block was performed on 08/30/11. Follow up on 09/27/11 indicated the patient had two to three hours of complete relief of pain, but the steroid portion of the injection did not help. Physical examination was reported as essentially unchanged with a strongly positive Tinel's over the superficial branch of the radial nerve; no pain to the snuff box; no pain over the first extensor compartment. Claimant was recommended to undergo neurolysis of the left superficial radial nerve.

A pre-authorization request for neurolysis of the left superficial radial nerve was reviewed on 11/28/11 and the request was non-certified as medically necessary. It was noted that the claimant presented with pain on the lower left wrist to the fingers and sometimes goes up the arm. Physical examination revealed tenderness to palpation of the wrist, left tender to palpation around the scaphoid. Sensation was diminished on the left. There was decreased range of motion. Treatment has included medications and nerve block with two to three hours of complete relief of pain. However there is no documentation of non-surgical treatment with wrist splinting in a neutral position and therefore medical necessity has not been substantiated.

An appeal request for neurolysis left superficial radial nerve was reviewed on 12/05/11, and the request was non-certified. It was noted that the documentation submitted for review elaborates the claimant complains of ongoing left wrist pain with associated range of motion deficits. A radial nerve neurolysis would be indicated provided the claimant meets specific criteria to include a minimum of three months of conservative treatments as well as significant findings revealed on electrodiagnostic exams. The claimant is noted to have undergone 9 sessions of physical therapy to date, but there is lack of information regarding full completion of 3 months of therapy. Additionally there is lack of submitted information regarding electrodiagnostic studies. Given the lack of information regarding completion of 3 months of conservative treatment as well as submitted electrodiagnostic studies confirming significant findings, request does not meet guideline recommendations.

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

Based on the clinical information provided, medical necessity is not established for neurolysis of the left superficial radial nerve for this patient who sustained contusion to left wrist and hand on xx/xx/xx. The claimant was treated conservatively with medications and therapy commencing on 04/14/11-06/09/11. The claimant also underwent injection / left radial nerve block on 08/30/11 and noted 2-3 hours of pain relief, with no benefit from steroid portion of injection. X-rays and MRI of left wrist were unremarkable. There is no documentation that electrodiagnostic testing was performed. Per ODG guidelines, lesion of radial nerve may be option in cases after 3-6 months of conservative treatment plus positive electrodiagnostic studies and objective evidence of loss of function. The clinical data provided does not meet ODG criteria as there is no evidence of positive electrodiagnostic studies. Also, the claimant participated in less than 2 months of therapy. There is no objective evidence of loss of function. Consequently, the proposed procedure is not supported as medically necessary, and the previous denials should be upheld on IRO.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES