**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

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**DATE OF REVIEW:** 09/28/12

**IRO CASE #:**

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

Carpometacarpal (CMC) Arthroplasty
Tendon Transfer of the Left Hand

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

Board Certified in Orthopaedic Surgery
Certified in Evaluation of Disability and Impairment Rating -
American Academy of Disability Evaluating Physicians

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Carpometacarpal (CMC) Arthroplasty – UPHELD
Tendon Transfer of the Left Hand – UPHELD

## INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Right Hand MRI, 01/19/12
- Left Hand MRI, 01/19/12
- Right Wrist MRI, 01/19/12
- Left Wrist MRI, 01/19/12
- Follow Up Evaluation, 01/26/12
- Specialist Referral Slip, 01/26/12
- DWC Form 73, 01/26/12
- Correspondence, 01/27/12
- Evaluation, 01/30/12, 02/06/12, 03/07/12, 04/04/12, 04/16/12, 05/18/12, 06/29/12, 07/27/12, 08/09/12, 09/06/12
- Prescription, 01/30/12, 02/06/12, 05/18/12, 06/29/12, 07/27/12, 09/06/12
- Therapy Prescription, 03/07/12, 06/29/12, 07/27/12
- Labwork, 03/07/12
- Surgery Scheduling Form, 03/07/12, 07/27/12
- Procedure, 03/27/12
- Letter of Medical Necessity, 04/04/12
- Evaluation, 04/04/12, 09/06/12
- Designated Doctor Evaluation, 05/31/12
- Physical Therapy Daily Notes, 06/06/12, 06/07/12, 06/08/12, 06/12/12, 06/13/12, 06/14/12, 06/20/12
- Consultation Request, 07/27/12
- Evaluation, 07/27/12, 08/30/12
- Prescription, 07/27/12
- Therapy Prescription, 07/27/12
- Pre-Authorization, Undated x 2
- Denial Letters, 08/02/12, 08/16/12
- Denial Letters, 08/02/12, 08/16/12
- Correspondence, 08/09/12
- Treatment Encounter Note, 08/28/12

## PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was going to sit down and a chair rolled, so she fell on her right side, hurting her right shoulder, right clavicle, right side of her neck, lower back, right knee, right ankle and both wrists. An MRI of the left hand showed extensive degenerative changes, at the first carpal metacarpal joint, including subcortical systic erosions and moderate joint effusion. Injections into the left thumb were provided in February 2012, as well as a neoprene wrist and thumb support. Naprosyn 500 mg was prescribed, along with Voltaren Gel. Surgery was performed on the right hand in March of 2012 and subsequent therapy followed. She continued with symptoms in her left hand. A left carpometacarpal arthroplasty and tendon transfer of the left hand was requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Provocative tests were positive for grind on the left, but there are no other significant findings. While MRI studies showed extensive degenerative changes, the patient was not documented to have exhausted conservative treatment specifically for the left hand/wrist, especially physical therapy. Further, the results of injection and splinting are not documented. Based on these grounds, the medical necessity of this request is not substantiated at this time.

**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**