

Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: L forearm foreign body excision and L CTR

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified General Surgery; Fellowship trained 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that medical necessity for the requested L forearm foreign body excision and L CTR is not established at this time

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes Orthopedic Specialists 05/17/13-09/04/13

Electrodiagnostic studies 07/05/13

Prior utilization reports 08/02/13 and 09/09/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient initially presented on 05/17/13 with complaints of pain radiating through the left upper extremity with a burning quality. The patient was utilizing anti-inflammatories and hydrocodone for pain at this visit. Physical examination demonstrated laceration of the dorsum of the forearm that was closed with staples. No evidence of infection was seen. Tinel sign was negative and strength testing was normal. The patient was recommended for observation. On 05/24/13 the patient reported numbness in the median enervated fingers of the left hand. Physical examination showed no evidence of motor weakness; however, sensation was decreased in the median nerve distribution with positive Tinel signs. The patient was recommended for further observation. No change was noted on the 06/14/13 physical examination and the patient was recommended for electrodiagnostic studies. Electrodiagnostic studies of the left upper extremity on 07/05/13 showed normal findings. The patient was provided a night splint on 08/07/13 in conjunction with the use of naproxen and hydrocodone. Follow up on 09/04/13 stated that the patient had no improvement in symptoms with splinting. The patient continued to report numbness in the median nerve distribution of the left hand. Physical examination continued to show decreased sensation in a median nerve distribution with positive Tinel signs. The patient was recommended for foreign body excision and left carpal tunnel release at this visit. The request for left upper extremity foreign body excision and left carpal tunnel release was denied by utilization review

on 08/02/13 as there was a lack of documentation regarding conservative treatment including splinting. The request was again denied by utilization review on 09/09/13 as there was continued lack of documentation regarding adequate conservative treatment such as injections or splinting. There was also insufficient evidence regarding median nerve neuropathy to support carpal tunnel release request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained an injury to the left upper extremity which resulted in a retained foreign body. The patient developed symptoms of numbness in a median nerve distribution in the left hand when physical examination findings reported positive Tinel signings as well as unspecified sensory loss in the left median nerve distribution. No two point discrimination values were identified for this patient. There was also no objective finding for positive median nerve compression test or Phalen test. Given that the electrodiagnostic studies were negative for any evidence of median nerve neuropathy, and the patient has not undergone a diagnostic/therapeutic injection trial for the left upper extremity, this reviewer would not recommend a proposed left carpal tunnel release as medically necessary. There was also no clear indication that the patient retained foreign metal bodies contributing to the symptoms. Therefore, it is the opinion of this reviewer that medical necessity for the requested L forearm foreign body excision and L CTR is not established at this time and prior denials are upheld.

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)