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Notice of Independent Review Decision

DATE OF REVIEW: 10/21/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient I&D Extensor Tendons Right 4th & 5th ;Repair with Excision of Mass.

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

M.D. Board Certified in Orthopedic Surgery, Sports Medicine Orthopedics.

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

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	10/21/2013
Health Care Workers' Comp Services Notification of Reconsideration Determinations	8/27/2013
Notification of Adverse Determination	8/02/2013
Office Visits Notes	7/30/2012-8/29/2013
MRI Report	8/22/2013
Radiology Report	6/26/2013
Workers' Comp Questionnaire	6/26/2013
Referral Rquest	7/18/2013
Texas Workers' Compensation Work Status report	7/02/2013-9/05/2013
ER Report	5/27/2013

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female who was injured at work on xx/xx/xx when she was hit on the right hand. Seen first on 6/30/13 and noted to have tenderness and tender mass over the 4th and 5th



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metacarpal area. X-rays from xx/xx/xx and 6/30/13 were read as negative. Notes are difficult to read and there is minimal exam description but it seems to state that she has pain with active full extension indicating that she has full extension of the 4th and 5th fingers. No description of any treatment is given since the injury other than use of Ultram for pain. The patient was seen again on 8/20/13 and there is minimal information from this visit but it appears she was still having pain and an MRI was ordered and done on 8/22/13. It was positive for a small 3x1.5 mm soft tissue focus between the 4th and 5th extensor mechanisms that appears like scarring or granulation tissue. A giant cell tumor of tendon sheath cannot be excluded. No evidence of tendon rupture or tenosynovitis is noted.

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

Per ODG references the requested "Outpatient I&D Extensor Tendons Right 4th & 5th; Repair with Excision of Mass" is not medically necessary. The requested procedure for repair of the 4th and 5th extensor tendons is denied as there is objective evidence on MRI that there is no tendon rupture, and there is no loss of active motion or other functional deficit to suggest a tendon rupture in her exam. The request for I&D and excision of mass is denied on the basis that there is no documentation of any attempt at conservative treatment other than pain medication over the 5 months since her injury. The MRI finding of the mass possibly being a giant cell tumor of the tendon sheath does not fit with an acute injury causing the onset of the mass and thus if the mass is scarring or granulation tissue, as the MRI suggests, as a result of her injury, supervised conservative treatment with modalities such as hand rehab should be attempted prior to considering surgical excision.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCP- 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