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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Feb/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
OP Right Keloid Scar Excision w/CT release

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 01/31/11 – 01/09/13
Operative report dated 03/28/12
Electrodiagnostic studies dated 11/27/12
Previous utilization reviews dated 12/27/12 and 01/10/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who reported an injury regarding her right upper extremity. Per clinical note dated xx/xx/xx, the patient stated she had been lifting large sheets of ice out an ice machine when she fell back and landed on her right wrist. Swelling, bruising, and increased pain were immediately noted. The note does detail the patient having previously undergone a MRI which revealed a ganglion cyst at the scapholunate joint. Upon exam, a general fullness was noted at the area. The patient was noted to have a pulsating sensation. The patient was noted to have used a steroid pack approximately 2 weeks prior. The operative report dated 03/28/12 details the patient undergoing an excision of the volar radial

ganglion at the right wrist. The clinical note dated 04/04/12 details the patient presenting for a postoperative follow-up. The patient continued with pain at the right wrist with associated stiffness. The patient was noted to be utilizing Vicodin at that time. The clinical note dated 05/02/12 details the patient undergoing deep scar massage. The patient was noted to have good flexion/extension and good grasping ability. The clinical note dated 07/19/12 details the patient having done well with a therapy program. The patient was noted to be on Relafen 500mg as well as non-steroidal medications. Per clinical note dated 10/03/12, the patient showed normal range of motion and strength throughout. Per clinical note dated 10/17/12, the patient had complaints of severe pain at the incision as well as numbness and tingling in the thumb, index, and middle fingers. The electrodiagnostic studies dated 11/27/12 revealed evidence of mild to moderate right median neuropathy at the wrist indicating carpal tunnel syndrome. The clinical note dated 12/04/12 details the patient having a positive Tinel's and Phalen's test. Decreased sensation was noted in the median nerve distribution. Mild weakness was noted with the abductor pollicis brevis. The clinical note dated 01/09/13 details the patient continuing with complaints of paresthesia.

The utilization review dated 12/27/12 for a STAT OP right keloid scar excision with closure excisions, and right carpal tunnel release with tenosynovectomy resulted in a denial secondary to a lack of significant findings indicating range of motion deficits directly related to the keloid scar. Additionally, there was a lack of information regarding the patient's subjective complaints attributable to carpal tunnel syndrome. Furthermore, there was a lack of information regarding any previous injections at the wrist.

The utilization review dated 01/10/13 also resulted in a denial secondary to a lack of documentation indicating the patient's completion of all conservative measures as well as a lack of information regarding the patient's functional deficits directly related to the keloid scar.

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

The documentation submitted for review elaborates the patient complaining of right upper extremity pain. The Official Disability Guidelines recommend a carpal tunnel release provided the patient meets specific criteria to include completion of all conservative measures. There is a lack of information regarding the patient's activity modifications, splinting, home exercise program, or injections. Additionally, there is a lack of information regarding the patient's previous completion of conservative therapy related to the right upper extremity complaints. Given this lack of information, this request does not meet guideline recommendations.

A scar excision would be indicated provided the patient meets specific criteria to include functional deficits directly related to the scar. There is a lack of objective clinical findings indicating range of motion and/or strength deficits directly related to the keloid scar at the right wrist. Given the lack of significant findings, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time. In this reviewer's opinion, medical necessity for OP right keloid scar excision with carpal tunnel release is not established.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[X] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

1.) Gauglitz GG, Korting HC, Pavicic T (January-February). "Hypertrophic Scarring and Keloids: Pathomechanisms and Current and Emerging Treatment Strategies". Mol Med (1-2):

113-125. doi:10.2119/molmed.2009.00153.
2.) Fabbrocini, G.; Annunziata, M. C.; D'arco, V.; De Vita, V.; Lodi, G.; Mauriello, M. C.; Pastore, F.; Monfrecola, G. (2010). "Acne Scars: Pathogenesis, Classification and Treatment". Dermatology Research and Practice 2010: 1–13.
3.) Widgerow AD, Chait LA, Stals PJ, Stals R, Candy G (July 2009). "Multimodality scar management program". Aesthetic Plast Surg 33 (4): 533–43.