

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP: Right wrist open exploration/Decompression 3rd extensor compartment 25020

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Orthopedic Surgeon

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 the reviewer that medical necessity is not established for the proposed OP: Right wrist open exploration/Decompression 3rd extensor compartment 25020.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Radiographic report right forearm dated 10/25/11
Radiographic report right elbow 3 views dated 10/25/11
Radiographic report right hand 3 views dated 10/25/11
Office visit notes dated 10/28/11 and 11/02/11
Referral form dated 11/09/11
PT notes 12/16/11-06/14/12
Office visit notes dated 12/16/11-12/06/12
Notification of medical necessity/unresolved dispute dated 12/23/11
Letter dated 12/29/11
Lab reports 02/03/12
Electrodiagnostic studies dated 02/15/12 and 09/13/12
Notification of adverse determination dated 03/02/12
Letter of medical necessity dated 04/12/12
Notification of medical necessity/unresolved dispute dated 04/20/12
Procedure note dated 05/02/12
Notification of medical necessity/unresolved dispute dated 06/21/12
Notification of medical necessity dated 08/22/12
Utilization review determination dated 10/05/12
Letter of medical necessity dated 10/12/12
Disability determination services dated 10/24/12
Utilization review determination dated 11/21/12

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a female who was injured on xx/xx/xx when she tripped over a box and fell forward hitting her right knee and right arm. After failing a course of conservative treatment including injections, splinting and medications, the claimant underwent right de Quervain's release on 05/02/12 followed by postoperative therapy. The claimant was seen in follow up on 08/16/12 complaining of numbness in median nerve distribution, tingling in the wrist and weakness with wrist use. She localizes the symptoms by pointing to the carpal tunnel area. The claimant describes her pain as mild, moderate, tingling and burning in character and quality. Symptoms were made worse with flexion and extension of the wrist, gripping and grasping activities. Range of motion of the joint is normal according to the claimant. It was noted injection performed on last visit helped. On examination there was tenderness present at A1 pulley of affected digit. There is ganglion and tendon sheath present. The thumb locks or catches with flexion. There is tenderness present at right wrist carpal tunnel, with swelling present. There is no ecchymosis. Range of motion was normal. There was tenderness present at the extensor compartment, #3 and scar very tender. Neurological examination reported median nerve function was decreased. Durkan's test is present. Tinel's sign at carpal tunnel is present. Phalen's test is positive. Night splint was recommended for carpal tunnel syndrome. Repeat nerve conduction study was performed on 09/18/12, which was reported as normal NCS right upper extremity. The claimant was recommended to undergo open exploration and decompression of third extensor compartment.

Per notification of adverse determination dated 10/05/12, the request for right wrist open exploration/decompression of third extensor compartment was non-certified. The reviewer noted the clinical information submitted does not provide a recent detailed neurological examination of right upper extremity. NCV study of right upper extremity was noted to be normal. Clinical submitted indicates the claimant received an injection, but the location of the injection was not noted, and it was not noted whether the claimant attempted bracing.

Per notification of reconsideration determination dated 11/21/12, the proposed right wrist open exploration/decompression of the third extensor compartment was non-certified. The reviewer noted that there was supplemental documentation indicating the claimant had undergone two previous injections into third dorsal compartment at least twice, but there is no documentation of any splinting or lower levels of care. It was noted the guidelines indicate this type of surgery is recommended if the individual has failed 3 months of conservative treatment with splinting and injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The claimant sustained an injury to the right upper extremity when she tripped and fell. She failed conservative measures and underwent surgical release of the first dorsal compartment on 05/02/12. Per progress report dated 08/16/12 the claimant complained of numbness in median nerve distribution, tingling in the wrist and weakness with wrist use. She localized the symptoms by pointing to the carpal tunnel area. The claimant underwent cortisone injection on 07/19/12, but the area injected was not identified. There is no comprehensive history of conservative care completed following surgical intervention on 05/02/12. The records do not document active triggering or locking associated with the third dorsal compartment. As such, it is the opinion of the reviewer that medical necessity is not established for the proposed OP: Right wrist open exploration/Decompression 3rd extensor compartment 25020.

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)