IMedReviews
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Notice of Independent Review Decision

DATE OF REVIEW: 5/26/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2nd Manipulation Under Anesthesia brachial Plexus block Right upper extremity.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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
Texas Department of Insurance Notice of Case Assignment	5/06/2013
Utilization Review Determinations	3/15/2013-4/22/2013
Independent Medical Evaluation Report	1/11/2013
Office Visit Notes	2/06/2013-3/20/2013
Visit Note	12/03/2012
Operative Report	1/24/2013

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured at work on xx/xx/xx. He was working when he sustained an injury to his right index finger. Patient underwent surgical intervention and repair of the right index finger extensor indices proprius tendon on 02/28/2011. After injury and surgery, patient started developing symptoms of

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complex regional pain syndrome. A stellate ganglion block given in August 2011 did not provide any relief of symptoms. The patient also underwent a median nerve block in April 2012 with improvement in the patient pain symptoms. EMG was done that showed mild bilateral carpal tunnel syndrome. Patient also had physical therapy about 80 visits with little success due to the fact he could not tolerate the physical therapy sessions. Patient presently on hydrocodone 10 mg 1 per day, methadone 10 mg four times a day, Emla cream, Savella three times a day, Ambien, Klonopin, Lyrica, Gabapentin, Nifedipine, and Tegretol. On 1/24/2013 patient underwent a brachial plexis block and manipulation under anesthesia of the right hand. Patient reported little pain relief; practitioner reported between 5-10 degrees improvement in range of motion.

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

Per ODG references, the requested 2nd Manipulation Under Anesthesia brachial Plexus Block Right upper extremity is not medically necessary. The effectiveness of the Manipulation Under Anesthesia of the hand and wrist artrofibrosis has not been supported by any high quality studies, or ODG. As reported last note, patient might benefit from repeat physical/water therapy.

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
- ☐ 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