

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1st compartment release left wrist

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 this reviewer that medical necessity is established for the request for 1st compartment release left wrist

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy reports 10/05/12-12/06/12

Peer review 09/04/12

Electrodiagnostic studies 08/31/12

Clinical records 10/03/12-01/10/13

Prior reviews 01/02/13 and 02/08/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient developed pain in the left wrist and MRI showed evidence of DeQuervain tenosynovitis. No imaging studies were provided for review. Electro-diagnostic studies on 08/31/12 were normal for the upper extremities. The patient underwent extensive program of physical therapy through 12/12. The patient also utilized splinting and medications. The patient also underwent injection in the area of the ganglion on 10/03/12. Follow up on 11/07/12 indicated that the patient continued to have painful clicking in the first extensor compartment and physical examination revealed positive Finkelstein signs. The patient was continued on anti-inflammatories and a thumb spica brace. Follow up on 12/05/12 indicated that the patient did not have any significant benefits from further splinting or anti-inflammatories. Physical examination continued to demonstrate a positive Finkelstein sign. The patient was recommended for a first extensor compartment release. Follow up on 01/10/13 discussed conservative treatment including injections, splinting, medications, and physical therapy with no significant improvements. Exam findings were unchanged and the patient was again recommended for a first dorsal compartment release. The request for a first dorsal compartment release was not recommended as medically necessary by utilization review on 01/02/13. The report indicated that the patient did not have all non-operative treatment including injections as recommended by guidelines. The request was again denied

by utilization review on 02/08/13 as there was no clinical documentation regarding three months of failed conservative treatment with splinting and medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: From the clinical documentation provided for review, the patient underwent an extensive physical therapy program from October to December of 2012. The patient also had other conservative treatments performed within that time window including bracing and injection in early 10/12. All of these conservative treatments led to no significant improvement of the left wrist pain.

Physical examination findings were consistent with DeQuervain tenosynovitis and the patient had persistent positive Finkelstein signs. The patient also reported no improvements with anti-inflammatories. Given the extensive clinical documentation regarding prior conservative treatment, this reviewer feels that the concerns of the prior reviewer regarding conservative treatment have been reasonably addressed by the treating physician. The patient has had physical therapy, bracing, use of anti-inflammatories, and injections; all with no improvement. At this time, the patient meets guideline recommendations regarding DeQuervain tenosynovitis release. As such, it is the opinion of this reviewer that medical necessity is established for the request for 1st compartment release left wrist and the prior denials are overturned.

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)