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An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

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)

Description of the service or services in dispute:

Outpatient Right Wrist De Quervain's Release

Patient Clinical History (Summary)

The patient is a female who sustained an injury on xx/xx/xx. The patient reported complaints of pain in the right wrist. The patient had prior right carpal tunnel release. The patient was initially assessed with deQuervain tenosynovitis due to positive Finklestein signs on physical examination. The patient was initially placed on Medrol DosePak and referred to physical therapy. The patient was given a splint for the right wrist. Despite the use of anti-inflammatories and steroids which were beneficial the patient reported worsening pain with physical therapy or any lifting. felt that the patient did not require surgical intervention on 07/07/14 and the patient was continued on work limitations. The patient was then followed which again noted positive Finklestein signs on 07/21/14. Due to the failure of conservative treatment including physical therapy anti-inflammatories and bracing deQuervain tenosynovectomy release was recommended. The requested deQuervain tenosynovitis release was denied on 07/30/14 as there was no documentation of response to injections which were recommended by guidelines. The request was again denied on 09/02/14 as there was no evidence of failure of injection therapy.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient presented with ongoing objective evidence consistent with deQuervain tenosynovitis. Physical examination findings noted positive Finklestein signs that persisted despite physical therapy use of anti-inflammatories or oral steroids. Per current evidence based guidelines recommended conservative options included injection therapy. At this time there was no documentation regarding any injection procedures for the first dorsal compartment of the right wrist which has failed to provide any long term benefit. Given that the clinical documentation does not support failure of conservative treatment including injections which are recommended modality before surgical consideration for deQuervain tenosynovitis it is the opinion of this

reviewer that medical necessity is not established at this time per guideline recommendations and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)