



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**Date notice sent to all parties:** 1/29/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of 1 tenosynovectomy, tenolysis and release of the locking and triggering left index finger as outpatient.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 1 tenosynovectomy, tenolysis and release of the locking and triggering left index finger as outpatient.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records were received and reviewed from the following parties: Law Firm

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

LHL009 – 1/8/14

Pre-authorization Request – 11/6/13  
Office Notes – 10/24/13, 11/14/13  
Appeal Request – 11/18/13

Denial Letters – 11/13/13, 11/27/13

Records reviewed:

Accident Details for Insurance Company – 6/24/11  
Pre-authorization Request – 12/18/13  
Office Note – 4/4/13, 4/23/13, 4/25/13, 4/29/13, 5/2/13, 5/3/13, 5/6/13,  
5/9/13, 5/16/13, 5/23/13, 5/30/13, 6/13/13, 6/27/13, 7/10/13,  
7/11/13, 8/1/13, 8/22/13, 10/3/13, 10/24/13, 11/14/13, 12/10/13,  
12/19/13  
Peer to Peer Report – 4/11/13  
  
Final Pathologic Diagnosis – 5/8/13  
Operative Report – 5/3/13

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The mechanism of injury was noted as having fallen “forward into trailer on my hands.” As of 10/24/13, 11/14/13, 12/10/13 and then 12/19/13; had ongoing symptomatic “locking and triggering of the left index finger has become much worse. He reports that the finger is locked much of the time.” The examination revealed ongoing stenosing tenosynovitis with a large nodule at the A1 pulley, with limited motion in the left index finger. The claimant was also status post synovectomy of the dorsal aspect of the left hand and wrist, and ulnar nerve transposition. On 12/10/13, the provider indicated that “he is not a candidate for any more steroid injections as this could cause tendinous damage. He had a full occupational therapy to the left upper extremity.” On 12/19/13, it was noted that “he reported that all of the steroid injections, the occupational therapy, the splinting, the anti-inflammatory medication and analgesia have all not helped him.” Surgical intervention was felt indicated by the Attending Physicians. Denial letters discussed the lack of documented non-operative treatment trial and failures.

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

Despite the claimant and provider attributions that non-operative treatment has been tried and failed; there has been no detailed documentation of a recent and comprehensive trial and failure of appropriate treatments including injections, medications and therapy. Despite the prior documented treatment for other conditions, detailed evidence of recent and comprehensive treatments for the left index trigger finger diagnoses have not been submitted. Therefore, applicable ODG criteria referenced below have not been met at this time.

ODG-Hand/Wrist/Forearm Chapter:

Injection-Trigger finger: There is good evidence strongly supporting the use of local corticosteroid injections in the trigger finger. One or two injections of

lidocaine and corticosteroids into or near the thickened area of the flexor tendon sheath of the affected finger are almost always sufficient to cure symptoms and restore function. The treatment of trigger fingers with a local injection of steroids is a simple and safe procedure but the risk of recurrence in the first year is considerable. (Kazuki, 2006) (Murphy, 1995) (Van Ijsselkj, 1998) (Paavola, 2002) Steroid injection therapy should be the first-line treatment of trigger fingers in nondiabetic patients. In diabetics, the success rate of steroid injection is significantly lower. Injection therapy for type 1 diabetics was ineffective in this study. Surgical release of the first annular (A1) pulley is most effective overall in diabetics and nondiabetics alike, with no higher rates of surgical complications in diabetics. (Nimigan, 2006) Steroid injection in the flexor sheath at the level of the A1 pulley is an effective method of treating patients with trigger finger and should be considered as the preferred treatment. This RCT concluded that local injection with triamcinolonacetonide is effective and safe for treating trigger finger as compared to placebo injection. The effects of steroid injections last up to 12 months. (Peters-Veluthamaningal, 2008)

Release (Percutaneous) Trigger Finger-Recommended where symptoms persist. Trigger finger is a condition in which the finger becomes locked in a bent position because of an inflamed and swollen tendon. In cases where symptoms persist after steroid injection, surgery may be recommended. However, the risk of troublesome complications, even after this minor operation, should be born in mind. (Finsen, 2003) One hundred and eighty patients with 240 trigger digits were treated by percutaneous release using a 'lift-cut' technique. All patients were reviewed at 3 months following release. Overall, 94% achieved an excellent or good result. Ten patients experienced recurrent symptoms and required a subsequent open release. There was no clinical evidence of digital nerve or flexor tendon injury. (Ragoowansi , 2005) According to one study, percutaneous release with steroid injection of trigger thumbs is a cheap, safe and effective procedure with a low rate of complications. (Cebesoy, 2006) Percutaneous release with steroid injection produced satisfactory long-term results in 91% of cases whereas steroid injection alone produced satisfactory results in 47% of cases. Percutaneous trigger thumb release combined with steroid injection has a higher success rate than that of steroid injection alone. (Maneerit, 2003) Surgical release of the A1 pulley for treatment of trigger finger normally produces excellent results. However, in patients with long-standing disease, there may be a persistent fixed flexion deformity of the proximal interphalangeal joint due to a degenerative thickening of the flexor tendons. Treatment by resection of the ulnar slip of flexor digitorum superficialis tendon is indicated for patients with loss passive extension in the proximal interphalangeal joint and a long history of triggering. (Le Viet, 2004) (Fu, 2006) One study concluded that surgical outcome for trigger finger was poorer than that for trigger thumb, partly due to flexion contracture of the PIP joint. (Moriya, 2005) See also Injection.

**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 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)**