



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 3/20/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right wrist arthroscopy with TFCC debridement as an outpatient.

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

Texas State Licensed MD 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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient has been well documented in particular by the treating provider Ippolito to be a xx-year-old with persistent right wrist pain. The wrist was injured on xx/xx/xx with an unknown injury mechanism. The patient had been diagnosed with sprain/strain and de Quervain tenosynovitis along with a torn TFCC of the wrist. The patient was noted to be post de Quervain tenosynovitis release on September 5, 2014. The patient had persistent symptoms. The patient initially was noted to have had primarily right-sided wrist pain, after an MRI of the wrist, which revealed irregularities at multiple portions of the wrist including the 1st CMC joint and a possible tear at the TFCC, there was noted to be significant ulnar-sided wrist pain.

There was noted to be evidence of tenderness at the region of the ulnar styloid and a positive Finkelstein maneuver on December 19, 2014. The records reviewed included notes from the treating provider, who noticed that since the patient had been persistently symptomatic after a "clinical course of physical therapy following right de Quervain tenosynovitis surgery" that she reportedly met guideline criteria to move forward with TFCC debridement.

The records reviewed included the MRI right wrist report, dated 12/15/2014, which included notes revealing mild edema within the lunate and osteoarthritis of the wrist and a possible underlying TFCC tear and edema at multiple tendinous insertions. In addition the therapy records were noted to have been reviewed and were from the fall of 2014.



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

At this time, there does not appear to be evidence that the claimant has failed a specifically designed comprehensive and reasonable treatment protocol including therapy specifically for the possible TFCC tear. At this point, reasonable comprehensive non-operative treatments do not appear to have been fully exhausted or tried and failed.

With regards to the requests, the applicable clinical guidelines including ODG as referenced below at this time do not support that the patient has failed exhaustive non-operative treatment and therefore, the above service does not appear to meet guidelines and is not considered reasonable or medically necessary at this time. This is based on clinical experience and the information clinical guidelines and exclusively based on in addition record review.

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)