

# MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069  
Ph 972-825-7231 Fax 972-274-9022

**DATE OF REVIEW:** 4/6/2016

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of right thumb extensor tenosynovectomy/ release EPB at the wrist. Revision/ resections of scar at the radial wrist.

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

The reviewer is a Doctor of Osteopathy 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 disagrees with the previous adverse determination regarding the right thumb extensor tenosynovectomy/ release EPB at the wrist. Revision/ resections of scar at the radial wrist.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a male with history of a work-related injury on XX/XX/XX. He underwent surgery on XX/XX/XX for a right DeQuervain's release with excision of the right first dorsal compartment ganglion cyst of the tendon sheath. There were no immediate complications however the claimant reported continued pain with lifting and grasping activities. A steroid injection was performed to the affected area on XX/XX/XX, however this only partly alleviated the symptoms. The treating physician documented hypertrophic scar with swelling and tenderness. There was weakness of thumb extension and pain with resisted range of motion along with a positive Finkelstein test. Repeat surgery was requested due to the failure of non-operative measures including the steroid injection, pain medicines and scar massage with a compound cream and diclofenac cream. Kinesio taping was also used.

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

Upon independent review the reviewer finds that the previous adverse determination should be overturned.

ODG in its "Forearm, Wrist and Hand (Acute and Chronic)" chapter allows for surgical treatment of DeQuervain's tenosynovitis following 3 months of conservative treatment with splinting and injection. In this case, the claimant has had prior surgery for extensor tenosynovitis, however has recurrent symptoms and hypertrophic scar. Kinesio taping along with a steroid injection and scar massage with compound cream and NSAID cream have failed to help and these are adequate conservative treatment in this situation.

ODG, "Forearm, Wrist and Hand (Acute & Chronic)" Chapter; DeQuervain's tenosynovitis surgery:

Recommended as an option if consistent symptoms, signs, and failed three months of conservative care with splinting and injection. de Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of de Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. The majority of patients with de Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating de Quervain's tendinitis. (AHRQ, 2003) (California, 1997) (Zarin, 2003) (Ta, 1999) Injection alone is the best therapeutic approach to de Quervain's tenosynovitis. (Richie, 2003) (Lane, 2001) Traditionally, epicondylitis and de Quervain's tenosynovitis have been viewed as being due to an inflammatory process and treated as such. New research shows that tendons in these conditions exhibit areas of degeneration and a distinct lack of inflammatory cells and should be considered "tendinopathies", and this may direct future treatment. (Ashe, 2004) As an alternative to surgery, Kinesio tape or a thumb spica cast may offer short-term benefit for the management of de Quervain disease. (D'Angelo, 2015)

**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)