

# *True Resolutions Inc.*

*An Independent Review Organization*

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## ***Notice of Independent Review Decision***

*Case Number:*

*Date of Notice:* 01/04/2016

### ***Review Outcome:***

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

Surgery

### ***Description of the service or services in dispute:***

Left Shoulder ORIF Clavicle Fracture, Left Wrist ECTR

***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)

### ***Patient Clinical History (Summary)***

The patient is a male who was injured on XX/XX/XX when he was involved in a motor vehicle accident. The patient reported complaints of pain, pressure, and swelling at the mid-clavicle region. The XX/XX/XX report indicated there was a mid-shaft clavicle fracture with a large butterfly fragment. Due to the extent of the fracture, surgical intervention was recommended to include an open reduction and internal fixation. There is no indication that this procedure was performed. There was a letter dated XX/XX/XX that again indicated that there was an extensive mid-shaft clavicular fracture present on radiographs. XX did not feel that physical therapy would be indicated for this type of fracture. The patient was seen on XX/XX/XX regarding low back pain. There was no evaluation specifically for the clavicle fracture. The patient had also been recommended for a carpal tunnel release. Electrodiagnostic studies from XX/XX/XX did not evidence of a moderate to severe left median sensory motor neuropathy of the wrist. The letter on XX/XX/XX felt that due to the severity of the electrodiagnostic findings, surgery would be recommended over nonoperative management. The patient did attend some physical therapy; however, the report was difficult to interpret due to handwriting and it was unclear what body parts were being addressed with the therapy.

The requested open reduction and internal fixation of the clavicle fracture with an endoscopic carpal tunnel release was denied on XX/XX/XX as there was no radiologist's interpretation of imaging and no therapy reports. There was no evidence of any 2 point discrimination greater than 6mm or associated muscle atrophy.

The XX/XX/XX utilization report also did not recommend certification for the requests due to the lack of physical examination findings to support surgical intervention.

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

Based on review of the clinical records submitted, the patient did require an open reduction and internal fixation of the mid-shaft clavicular fracture. However at this point, the patient is almost 6 months from the

date of injury. No recent radiology reports have been made available for review describing the extent of the fracture or any evidence of abnormal healing that would require further surgical intervention to address. Given the time frame between the date of injury and the current date, this reviewer cannot recommend the proposed ORIF as medically necessary without updated imaging studies. In regards to the proposed endoscopic carpal tunnel release, the patient does not have any documentation regarding failure of conservative management. Electrodiagnostic studies did indicate evidence of moderate to severe carpal tunnel syndrome; however, there was no evidence on physical examination for any significant muscular atrophy or substantially increased 2 point discrimination that would support surgical intervention over nonoperative management. As the clinical records provided for review do not meet guideline recommendations regarding an endoscopic carpal tunnel release, it is this reviewer's opinion that the submitted requests would not be medically necessary and the prior denials remain 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)