



**MEDICAL EVALUATORS  
OF TEXAS ASO, LLC.**

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**DATE OF ORIGINAL REVIEW:** MARCH 11, 2019

**DATE OF AMENDMENT:** MARCH 18, 2019

Amended section seen under Analysis and Explanation below

**IRO CASE #:** XX

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

XX (XX) Interposition arthroplasty and XX (flexor XX XX) tendon transfer for stabilization of the base of the XX XX

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

This case was reviewed by a physician who is board certified in Orthopedic Surgery and has been licensed in the State of Texas since 2014.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX year old XX who was injured on XX when XX XX at XX and XX on XX "XX with XX XX hyperextended." Progress Note by XX, XX dated XX documented the claimant reported swelling and bruising at the area of the base of the XX. The claimant complained of persistent pain at the base of the XX and at the XX(XX) joint to a lesser extent. Objective findings upon examination by XX of the claimant's XX XX and XX included: nontender over radial XX; nontender anatomic snuffbox; stable XXshift test; prominence at the base of the XX XX XX which was not present on the XX side; crepitation and significant pain with reduction of XX XX XX joint; mild pain over the radial aspect of the XX XX XX joint; pinch strength was 4 out of 5; and sensation was intact in the XX. The claimant reported to XX. XX XX previously had worn XX XX, XX XX XX, topical XX and XX without improvement. XXXX X-ray performed XX revealed significant XX of the XX XX XX joint and slight narrowing of the XX joint space. There were no signs of XX changes and minimal XX at the XX XX. XX. XX placed the claimant into a cotton XX XX XX with the XX in XX abduction.

The claimant reported XX had not improved with casting and an MRI of the XX XX and XX were ordered. XX XX and XX MRI performed XX revealed: XX of the XX-XX/XX (XX) and XX XX joints; XX extensor compartment XX and mild XX; mild XX of XX and XX extensor tendon compartments; mild thickening of the median nerve at the XX of the XX XX and



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mild increases XX signal; trace XX joint effusion with no intra-XX bodies or XX thickening; and no bone contusion or acute fracture.

Progress Note by XX XX, XX dated XX documented the claimant was diagnosed with sprain XX XX, XX joint; XX of ligament, XX XX XX and XX; sprain XX XX, XX joint non specific; and sprain XX XX, XX joint, XX XX ligament. XX. XX documented the claimant had persistent XX and pain at the XX XX XX joint. XX. XX further documented that although the XX MRI made no mention of the XX joint other than mild XX, he reviewed the MRI personally and noted the claimant had disruption of the ligaments on the XX side of the XX XX joint with XX of the XX XX joint. XX. XX further documented the claimant had not responded to XX, XX and medications and recommended reconstruction of the XX XX XX joint as the next step in treatment.

Prior denial letter dated XX modified the request for “XX of XX XX between XX and XXs” due to “guidelines do not recommend XX for the XX. Therefore the request for XX of XX XX of the XX is not supported. XX legislature requires successful peer to peer in order for a modified determination. As such, the request for removal of XX XX between XX and XX XX is partially certified for XX of XX XX between XXs.”

Reconsideration Request by XX XX, XX dated XX documented the request is for “interposition and stabilization XX for an unstable XX joint. This is the standard treatment for instability and pain at the XX joint. We are not placing an artificial joint, nor would I consider that for this type of injury. This is being done specifically to treat the instability and chronic pain after XX XX joint sprain.”

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

Based on review of the medical records and guidelines used in the carriers denial, it is my professional medical opinion that the prior denial should be overturned. The denial states that it does “not recommend XX for the XX” which was incorrectly applied to this claimants case. As stated in XX. XX’s reconsideration letter dated XX this is not a request to artificially replace a XX with XX and XX, but instead a partial XX and XX. This procedure is well within the standard of care in the claimant’s medical condition.

***Amendment:*** The treating surgeons request for partial XX and XX is well within the standard of care and considered medically appropriate in the claimant’s medical condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX Basal Joint Arthritis.

XX

XX



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