

Medical Assessments, Inc.

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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX endoscopic XX XX release, XX XX arthroscopy with XX, XX

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

The Reviewer is a Board Certified Orthopedic Surgeon with over 15 years of experience. He is fellowship trained in adult spine surgery

REVIEW OUTCOME:

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

Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XX-year-old XX who sustained an injury on XX.

XX: MRI of the XX XX interpreted by XX, XX. Impression: 1. No acute fracture of misalignment. Mild XX arthropathy. Small joint effusion. Low grade XX XX sprain versus XX. 2. Intact XX ligament. No XX dissociation or malallgnment. 3. XX degeneration or low grade sub acute chronic XX ligament sprain with adjacent marrow XX. No disruption or XX misalignment. 4. Neutral XX variance. Moderate DRUJ effusion. XX sided grade 2 XX sprain versus XX and mild XX fluid. TFC XX disc full thickness tears at its radial aspect. Low grade TFC base sub acute chronic. Sprain. 5. Mild ECU XX with XX and trace XX fluid. Low grade extensor XX sprain. Mild FCU XX. 6. Mild de XX tensions. Mild XX XX through XX extensor compartment XX fluid, posttraumatic or post inflammatory. No tendon tear. 7. Mild diffuse XX XX XX with prominent XX median nerve and increased XX convexity of the flexor XX. Mild XX fluid and small XX XX XX fluid. Consider posttraumatic or post inflammatory XX. Please correlate for XX XX syndrome. 8. EPL XX with mild XX, better assessed on the concurrent hand MRI. 9. Moderate 1st CMC XX with joint space narrowing and effusion. Please correlate with plain radiographs.

XX: MRI of the XX XX interpreted by XX, XX. Impression: 1. No fracture bone contusion or stress reaction. No malalignment or joint effusion. Please correlate with plain radiographs. 2. Mild to moderate FPL contusion XX with small focal partial tearing at the XX XX XX. No high grade or complete XX tear. 3. Mild diffuse FPL XX with XX. Contusion with sub-acute grade 2 A1 and XX XX sprain. Please correlate with site of pain/injury. Consider small field of view dedicated XX XX MRI for further assessment. 4. Intact EPL tendon including the insertion. Mild XX XX without tear or XX. Intact extensor mechanisms.

XX: XX consultation by XX, XX. There was no XX evidence of XX radial sensory XX. The impression was that the neuro XX findings were indicative of a mild predominantly sensory, XX XX XX median XX. The motor branch was not involved.

XX: History and physical by XX, XX. Claimant completed of more pain and swelling. On XX XX examination there was worsening of escalation of symptoms of XX XX syndrome. The XX sign, XX's XX's, nocturnal symptoms, weakness and parenthesis in the median distribution were positive. It was documented the claimant had been wearing a XX XX and using no steroidal anti-inflammatory drugs without relief.

XX: UR performed by XX, XX. Rationale for denial: Based on the clinical information submitted for this review this request is non-certified. Moreover, there was no clear evidence of failed conservative care as there was no PT/OT notes submitted and did not show a comprehensive clinical assessment and response to the treatments provided.

XX: History and physical by XX, XX. The claimants XX XX showed no XX and XX tenderness. The XX stability, there was no clunk on Watsons. There was no pain on SL chuck and no instability on XX shift. There was XX XX pain over XX, pain on XX load and DRUJ stable to shuck test in pronation, XX and neutral position. There was no pain on the XX grind, no ECU XX, no piano key sign and no XX pain with resisted XX deviation.

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

The request for XX endoscopic XX XX release, XX XX arthroscopy with triangular XX complex (XX) debridement, complete XX and XX is denied.

The patient is a XX year-old XX who sustained a XX XX injury at work on XX. The XX XX MRI confirmed a tear of the XX, edema within the XX XX, and moderate XX of the first XX (XX) joint. The nerve conduction study of XX confirmed mild XX XX syndrome, affecting only the sensory branch of the median nerve.

This patient reported a pain level of 4/10 on XX. XX had decreased motion of the XX with swelling at XX. XX has been treated with a XX XX and NSAIDs. The treating physician has recommended XX endoscopic XX XX release, XX XX arthroscopy with XX debridement, complete XX and XX.

The patient is not a surgical candidate, based on the records reviewed. XX has three sources of pain identified on MRI. Occupational therapy would be helpful for all of these pain generators. In the setting of mild disease identified on electrodiagnostics, this patient may benefit from a cortisone injection to the XX XX. Before surgical consideration, the XX tear should also be injected with cortisone.

The request for XX endoscopic XX XX release, XX XX arthroscopy with triangular XX XX (XX) debridement, complete XX and XX is found to be not medically necessary.

ODG Guidelines:**XX****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)**