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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

0XX – Physician Notes-XX XX, MD

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XX – MRI Results-XX XX, MD

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XX – Review Determination-XX XX XX, Inc.

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PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a XX year old XX who sustained a XX from a XX year old XX XX at work on the XX XX. XX provider is requesting a XX XX release of the first XX XX with XX of the XX XX XX

0XX – Physician Notes-XX XX, MD: HPI: The patient presents with a chief complaint (but worse at times) XX XX of the XX and XX since XX . It has the following quality: XX XX. The patient describes the severity as 7/10, with 10 being the worst imaginable. The problem is made better by application of XX and XX and made worse by XX. Context – Initial. History: The patient reports it was the result of an injury that occurred on XX, which was work related, which had a sudden onset. Patient denies that any non-work related event or illness possibly contributed to or is related to development of symptoms. The patient reports the XX was from a XX. Patient reports the XX is possibly XX with XX, XX is controlled. Was XX on the XX XX/XX by an XX, non-verbal XX about XX years of age while trying to XX XX during an episode at work. XX Exam: Skin (XX): open XX of XX XX XX noted. Wound of XX, irregular in shape, no XX injury, superficial in XX, XX XX, no XX. No foreign body present. Diagram utilized. XX XX on XX, XX and XX with no active XX. Diagnoses: 1) Unspecified open XX of XX XX, initial encounter (XX) – No workup; 2)XX by XX XX, initial encounter (XX) – No workup. Prescribed: XX XX tablet by mouth XX a day for 7 days. Plan: Please return to clinic on XX/XX/XX for a recheck. Fit for duty with the following restrictions: Starting XX. Avoid strong XX with XX . Limit repetitive XX with XX. No lifting over XX greater than XX lbs. using the XX . No XX from XX greater than XX lbs. using the XX . No XX greater than XX lbs. XX-XX duty only. Restrictions in effect until XX/XX/XX

XX/XX/XX– Physician Notes-XX XX, DO: HPI: Patient came in for a f/u ofXX XX wound of the XX XX and XX XX which was originally seen on XX. Original onset was XX at XX. It has the following quality: XX XX. The patient describes the severity as 0/10, which has improved since last visit when it was 7/10. Context – Initial History: The patient reports it was the result of an injury that occurred on XX, which was work related, which had a sudden onset. Patient denies that any non-work related event or illness possibly contributed to or is related to development of symptoms. The patient reports the XX was from a XX. Patient reports the XX is possibly XX with XX, XX is controlled. XX was XX on the XX XX/XX by an XX, nonverbal XX about XX years old while trying to XX XX during an episode at work. No trouble with XX. The following exam elements were documented to be abnormal: Skin (XX): XX XX of XX XX XX noted. 4 XX noted, no erythema, or sign of infection. Diagnoses: 1) Unspecified XX XX of XX XX, subsequent encounter (XX) – No workup. 2)XX by XX XX, subsequent encounter (XX) – No workup. Plan: 1) Patient is released from our care for this condition. The condition is resolved, and the patient is at maximum medical improvement (MMI) with no residual disability. 2)

Fit for duty without restrictions; starting XX/XX/XX. 3) OTC XX or XX as needed for pain.

XX/XX/XX – Physician Notes-XX XX, MD: HPI: The patient is a XX year old XX who presents with XX pain. This condition occurred following a specific injury. The patient is XX XX dominant. The injury involved with XX XX. This occurred at work. Symptoms include XX pain, XX and decreased XX of XX. Symptoms are located in the XX XX. The patient describes the pain as XX and XX. The symptoms occur constantly. The patient describes symptoms as moderate in severity and unchanged. Symptoms are exacerbated by use of the XX. Associated symptoms include XX in the XX, XX in the XX and pain in the XX. Previous presentation included pain in the XX, XX, XX in the XX and XX in the XX. Note for “XX pain”: The patient is here for XX XX injury that occurred on XX while trying to XX an out of XX XX ed XX. The patient complains of XX and XX at the time of the injury. The patient states XX has XX and XX and XX that comes and goes. Assessment and Plan: XX – XX XX (XX). Problem Story: XX; s/p XX injury. 1) MRI of XX without contrast; X-ray of XX, two or more views (no XX, no DJD, no foreign bodies); XX insurance forms; Patient Education: XX XX. This patient continues to have activity limiting XX pain and open wound from a XX injury. We will order an MRI to evaluate for XX injury versus XX versus XX tear. The patient will f/u after MRI. Patient may benefit from XX injections. Patient may return to work with restrictions: no XX over XX lbs.

XX/XX/XX – MRI Results-XX XX, MD: Clinical History: A XX year old XX with XX XX pain, s/p recent injury. No reported history of XX XX surgery. Evaluate XX XX or tear. XX. XX tear. Impression: 1) XX or at the XX. No XX. 2) Low-grade XX or my XX. No fluid-filled high-grade or XX. No XX. 3) XX. Mild XX XX. Small low-XX sprain versus XX. An XXXX. 4) Grade XX and/or XX of the first CMC XX. Mild XX with small effusion. XX 2nd/3rd XX XX boss. 5) Mild XX 2nd XX compartment XX fluid. No evidence for XX XX, tear or XX. 6) XX negative variance. No DRUJ effusion. Grade XX of the XX and the XX. Intact XX articular disk. May consider MR XX to further assess the XXXX ligaments and the XX. 7) Mild ECU XX and low-grade XX XX XX. No tear or XX. 8) Intact and unremarkable XX XXs as well as XX.

XX/XX/XX – Physician Notes-XX XX, MD: HPI: The patient is a XX year old XX who presents for a recheck of XX pain. This condition occurred following a specific injury. The patient is XX XX dominant. The injury involved the XX XX. This occurred at work. Symptoms include XX pain, XX and decreased ROM. Symptoms are located in the XX XX. The patient describes the pain as XX and XX. The symptoms occur constantly. The patient describes symptoms as moderate in severity and unchanged. Symptoms are exacerbated by use of the XX. Associated symptoms include XX in the XX, XX in the XX and pain in the XX. Previous presentation included pain in the XX, XX, XX in the XX and XX in the XX. Note for “XX pain”: Patient is here for XX MRI results. XX reports that XX is doing a little better, but XX still complains of a 5/10 with pressure. XX is taking XX as needed for pain. Assessment and Plan: XX – XX XX (XX). Problem story: XX XX XX, XX, XX sprain; s/p XX injury. 1) MRI of XX without contrast; X-ray of XX, two or more views (XX, no XX, no DJD, no foreign bodies); PT; XX XX; XX, XX and/or injection, intermediate joint or burse with ultrasound guidance, with permanent recording and reporting; Complete ultrasound of XX; XX insurance forms; XX40mg inj; Inj, XX XX, 30ml; Started XX 15mg, 1 tablet daily. We will treat this patient’s XX pain conservatively with a combination of medicine, exercise, XX, and a XX. The patient was given a prescription for an anti-inflammatory as well as for PT. The patient was given a XX in the first XX compartment of the XX in clinic today, and tolerated the procedure well. The patient will f/u in 4 weeks. Patient may return to work with restrictions: no XX over XX lbs.

XX/XX/XX – Review Determination-XX XX XX, Inc.: Diagnoses: XX – Open XX of XX XX, subsequent encounter. Determination: Authorized. Date of Notice: XX/XX. Specific HC approved or reason(s) for denial including screening criteria: Specific healthcare requested: XX XX 3x a week for 4 weeks to include CPT Codes XX, XX, XX, XX, XX. Amended: XX agreed to X PT sessions, to XX code XX, and limit each session to up to 4 units. Approved for X PT sessions with up to 4 units per session to include CPT Codes XX, XX, XX, and XX for treatment to the XX XX, as amended above. Per ODG preface: XX XX Guidelines: Generally there should be no more than 3-4 modalities/procedural units in total per visit, allowing the PT visit to focus on those treatments where there is evidence of functional improvement, and limiting the total length of each PT visit to XX-XX minutes unless additional circumstances exist requiring extended length of treatment. If additional circumstances are present, documentation must support medical necessity. Approved services are expected to be provided within 90 days from the date of this report. Approval is based on medical necessity, it does not guarantee payment for services or compensability of the claim.

XX/XX/XX – Physician Notes-XX XX, MD: HPI: The pt is a XX year old XX who presents with XX pain. This condition occurred following a specific injury. The pt is XXXX. The injury involved the XX XX. This occurred at work. Symptoms include XX pain, XX and decreased ROM. Symptoms are located in the XX XX. The pt describes the pain as XX and XX. The symptoms occur constantly. The pt describes symptoms as moderate in severity. Symptoms are exacerbated by use of the XX . Associated symptoms include XX in the XX, XX in the XX and pain in the XX. Note for “XX pain”: The pt is here for a f/u after XX injection. The injection helped for three days. Pt states PT helped. Assessment and Plan: Open XX of XX XX, subsequent encounter (XX). Problem Story: XX; s/p XX injury. XX: XX Problem Story: s/p XX; XX ,XX; s/p XX injury. 1) X-ray of XX, two or more views (XX, no XX, no DJD, no foreign bodies). 2) MRI of XX w/o contrast (XX, XX,XX). 3)XX. 4) XX insurance forms. 5) Patient education:XX.

XX/XX/XX – URA Determination-XX. XX XX, MD: Specific HC approved or reason(s) for denial including screening criteria: Outpatient XX XX open XX to include CPT codes XX and XX. Clinical Summary: The claimant is a XX year old XX who was injured on XX, when attacked by a XX education (XX and the XX XX was XX). The claimant was diagnosed with XX XX pain. Treatment included use of a XX and XX. Medications included XX. An evaluation on XX documented complaints of XX XX pain. A XX XX injection helped for three days. The XX XX had decreased strength. Tenderness was noted over the first XX compartment. Comments: The guidelines require six months of lower levels of care for XX. The records do not reflect the claimant has undergone this amount of care for a XX injury. The records do not reflect the claimant has undergone a XX program or XX in the XX XX. The request for a XX XX open XX release of the first XX compartment with XX of the XX, XX is not certified. Determination: The request is not certified.

XX/XX/XX – Physician Notes-XX XX, MD: The pt is a XX year old XX who presents for a recheck of XX pain. This condition occurred following a specific injury. The patient is XX XX. The injury involved the XX XX. This occurred at work. Symptoms include XX . Symptoms are located in the XX XX. The pt describes the pain as XX and XX. The symptoms occur occasionally. The pt describes symptoms as moderate in severity and unchanged. Symptoms are exacerbated by use of the XX. Associated symptoms include XX in the XX, XX in the XX and pain in the XX. Note for “XX pain”: The pt states XX has stiffness in the XX in the XX. The pt also states XX has XX and XX XX also complains of XX and increased pain with XX. Assessment and Plan: Open XX of XX XX, subsequent encounter (XX). Problem Story: XX; s/p XX injury. XX: XX XX (XX). Problem Story: s/p XX; XX XX XX, XX, XX sprain; s/p XX injury. 1) X-ray of XX, two or more views (XX, no XX, no DJD, no foreign bodies). 2) MRI of XX w/o contrast (XX XX XX, XX, XX sprain). 3) XX XX. 4) XX insurance forms. 5) Patient education: XX XX.

XX/XX/XX – URA Re-Determination-XX XX. XX, MD: Specific HC approved or reason(s) for denial including screening criteria: Outpatient XX XX open XX Release of the first extensor compartment with XX of the XX to include CPT codes XX and . Clinical Summary: This is a request for reconsideration of an outpatient XX XX open XX release of the first XX compartment with XXof the XX including XX and XX that was previously non-certified. The claimant is a XX year old XX who was injured on XX XX XX, when the XX XX was XX and XX ten while XX by a XX. The claimant was diagnosed with XX XX pain. Treatment had included a XXXX XX, XX and XX. An evaluation on XX/XX, XX, documented XX XX pain. A prior XX XX injection provided only three days of pain relief. There was decreased strength and tenderness over the first extensor compartment. The claimant was authorized for and completed nine XX XX sessions. A XX XX MRI on XX/XX, XX documented a XX or XX at the volar XX my XX with no fluid filled high-grade or XX. There was no XX disassociation or XX. There was a type 2 XX XX morphology with mild XX XX and a small effusion. Mild XX second extensor compartment XX fluid was noted with no evidence of XX XX, tear, or XX. An evaluation onXX/XX/XX, XX documented some XX and XX with stiffness in the XX. XX pain was documented. It was noted there was a few days relief from XX injection with significant pain and loss in function from XX XX. It was stated lower levels of care had failed including anti-inflammatories, XX XX, XX, and injection. The clinician did not feel the claimant would improve without surgery. Comments: This is a non-certification of a request for reconsideration of an outpatient XX XX open XX release of the first extensor compartment with XX of the XX including XX and XX. The previous non-certification on XX/XX, XX, was due to lack of exhaustion of lower levels of care. The previous non-certification is supported. Additional records included an XX/XX/XX , XX evaluation. The guidelines require three to six months of lower levels of care for XX. The injury occurred in XX XX. The MRI does not note evidence of XX or XX. There are XX and symptoms documented on MRI that could be contributing to persistent pain complaints with XX and XX also reported. The injury is recent and there is lack of full documentation to support failure of lower levels of care. The request for reconsideration of an outpatient XX XX open XX release of the fist extensor compartment with XX of the XX including

XX and XX is not certified. Determination: The request is not certified.

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

The request for XX XX open XX XX is denied.

This patient is a XX year-old gentleman who XX ten by an XX XX, injuring XX XX XX. The XX MRI (XX) demonstrated no evidence of pathology in the 1st XX XX. XX has completed a course of XX XX, XX and one XX to the 1st XX XX. The injection gave XX three days of pain relief. The patient continues to have XX and XX in XX XX. XX has a positive XX test on exam. The treating provider has recommended open surgery for XX XX.

The Official Disability Guidelines (ODG) supports surgery for de XX XX in patients who have completed at least three months of conservative care for this condition. Conservative care includes NSAIDs, up to two XXs and XX XX. Surgical candidates should have subjective clinical findings and objective clinical findings (pain over radial styloid, XX, and positive XX test) consistent with XX of the 1st XX compartment. The imaging findings should demonstrate no other causes of pain, such as CMC XX.

This patient should complete a second XX before considering surgery. The objective findings such as XX and pain over the XX should be confirmed and documented. In addition, the complaints of XX should be evaluated pre-operatively with XX-XX. These criteria are particularly important in the absence of 1st XX compartment pathology identified on MRI.

The patient is not a surgical candidate. The requested surgery is not medically necessary at this point in time.

Per ODG:

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)**