



MedHealth Review, Inc.
422 Panther Peak Drive
Midlothian, TX 76065
Ph 972-921-9094
Fax (972) 827-3707

Notice of Independent Review Decision

Amended report

DATE NOTICE SENT TO ALL PARTIES: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

X

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

X

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 agrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an X who sustained an industrial injury on X and is seeking authorization for X for the treatment of X. Prior diagnostic testing included electrodiagnostic testing dated X has an X.

Orthopaedic report dated X has the injured worker with a significant worsening of the numbness and tingling in the left hand, especially the small and half of the ring finger. X has noticed worsened clumsiness in the left hand. X reports the pain is also localized now just to the area on the volar ulnar aspect of the wrist. The exam of the left arm reveals X. There is suggestion of slight X. Froment's is X. There is definite small finger X. Elbow flexion compression test is X. There is X Tinel's over the cubital tunnel with a suggestion of ulnar nerve anterior subluxation to the tip of the medial epicondyle. X has severe pain and obvious rub with manipulation of the pisiform triquetral joint on the left side. X-rays are noted to suggest osteopenia, mild diffuse arthritic changes present, but largely unremarkable. The treatment plan included X.

Orthopaedic report dated X has the injured worker with constant, burning sensation radiating from her small finger up to X elbow. The exam is largely unchanged. There is no improvement in the pain. The left arm shows skin to be intact. There is an abnormal ulnar nerve sensation. There is a suggestion of weakness of the ulnar innervated intrinsic muscles. There is suggestion of slight atrophy in the first dorsal interosseous. Froment sign is slightly positive. There is a definite small finger adduction weakness. Elbow flexion compression test is X. There is a X Tinel's sign over the cubital tunnel with a suggestion of ulnar nerve anterior subluxation to the tip of the medial epicondyle. X has severe pain and obvious rub with manipulation of the pisiform triquetral joint on the left side. The treatment plan included X.

The Adverse Determination dated X non-certified the requested X. The rationale stated the records X. There is also unclarity regarding the number of PT/OT session attended and their outcomes. The designated doctor's exam opined X would benefit from X. Further, although the individual has significant pain over the pisiform triquetral joint, the magnetic resonance imaging of the left wrist fails to reveal any findings of degenerative or inflammatory arthritis and the records fail to document trial/failure with primary conservative care to the left wrist prior to considering X.

Appeal Adverse Determination dated X non-certified the requested X. The rationale stated the individual is not documented to have X. It was also reported that X would be tried but it is unclear if this X was ever completed as the clinical notes do not fully reflect the conservative treatment the patient has tried.

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

As per ODG, "ODG Indications for Surgery -- Surgery for cubital tunnel syndrome:

X

This X sustained an industrial injury on X and is seeking authorization for X for the treatment X.

X presented on X with constant, burning sensation radiating from X small finger up to X elbow. The exam is largely unchanged. There is no improvement in the pain. The left arm shows skin to be intact. There is an abnormal ulnar nerve sensation. There is a suggestion of weakness of the ulnar innervated intrinsic muscles. There is suggestion of slight atrophy in the first dorsal interosseous. Froment sign is X. There is a definite small finger X. Elbow flexion compression test is X. There is a X Tinel's sign over the cubital tunnel with a suggestion of ulnar nerve anterior subluxation to the tip of the medial epicondyle. X has severe pain and obvious rub with manipulation of the pisiform triquetral joint on the left side.

However, detailed documentation regarding a trial and failure of recent, reasonable, comprehensive, less invasive conservative care measures is not evident. The documentation does X. Additionally, the exam revealed X. The documentation also X. Additionally, the diagnostic imaging studies X. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the requested X is not medically necessary.

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
- AHRQ- 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
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)