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# Notice of Independent Review Decision

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X who sustained an industrial injury on X and is seeking authorization for a X.

Prior diagnostic testing included electrodiagnostic study dated X has impressions of X. Previous treatments completed include X.

Previous surgeries included a X. Progress report dated X has the injured worker with left elbow and left hand pain. X presents with chronic left elbow and left-hand pain. X has pain at the posterior elbow as well as wrist. X reports numbness/tingling, typically in digits X, but recently also X. Pain radiates from the elbow to hand. The left elbow exam reveals X. Strength is X. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The treatment plan included X.

Progress report dated X has the injured worker with X improvement with X. X has X. The left elbow exam reveals X. Strength is X. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The treatment plan included X.

Progress report dated X has the injured worker seen for a surgical consult of the left elbow and left hand pain. X is X years status post pain onset. X is feeling a little better but has feelings of pain when flexing and extending and has had sensations of numbness and tingling. The left elbow exam

reveals X. Strength is X. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve intact motor and sensory. Tinel's is X at the carpal tunnel. The treatment plan included X.

Progress report dated X has the injured worker with left elbow and left hand pain, X years status post pain onset. X is doing the same. Pain has increased throughout the left elbow and left hand. X shoulder hurts as well. Numbness and tingling are noted throughout with X. The left elbow exam reveals a X. Strength is X. Median, radial, and ulnar nerve motor and sensory are intact. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve motor and sensory are intact. Tinel's is X at the carpal tunnel. The treatment plan included a X.

Progress report dated X has the injured worker with pain in the left elbow that radiates to the X. X has been using a X. X are mildly helpful. The exam reveals X. Tinel's sign is X at the left carpal and cubital tunnels. Strength is X in left grip. There is paresthesias in the X. The left shoulder has X. There is decreased X. There is exquisite sensitivity to the left elbow. There is a X cubital Tinel's. The treatment plan included a X.

Procedure report dated X was for a X. It is noted that X could X. Recommendation was for the X. Progress report dated X has the injured worker X years status post pain onset in the left elbow and left hand. X is doing the same. X is still having pain throughout the left elbow and left hand. Numbness and tingling present in the X. X states it feels like they are almost not there. The left elbow exam reveals a X. Strength is X.

Median, radial, and ulnar nerve motor and sensory are intact. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve motor and sensory are intact. Tinel's is X at the carpal tunnel. The treatment plan included X.

The utilization review dated X non-certified the requested X. The utilization review dated X non-certified the requested X. Procedure report dated X was for a X.

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

Regarding the request for a X, "A X is a simple, safe, and effective method of obtaining X to the palmar aspect of the thumb, index finger, middle finger, radial portion of the palm, and ring finger. X have been utilized for decades with success. However, since the introduction and widespread use of X, clinicians can obtain X. X of the hand has been used primarily in the X.

X to the palmar aspect of the thumb, index finger, middle finger, the radial aspect of the ring finger, or radial half of the palm including skin and underlying metacarpals and phalanges. This X may be used as the X, or as an X of fractures and dislocations, X. The use of X has demonstrated X. A X is also an excellent X for burns involving tissue in the X. A X is a valuable rescue technique for incomplete X. Although X is frequently a concern with high energy injuries, there are reports of using X. One should always assess the patient and mechanism of injury along with the treating physician before X.

In this case, this X sustained an industrial injury on X and is seeking authorization for a X.

Overall, X presented on X status post pain onset in the left elbow and left hand. X is doing the same. X is still having pain throughout the left elbow and left hand. Numbness and tingling present in the X. X states it feels like they are almost not there. The left elbow exam reveals a X. Strength is X. Median, radial, and ulnar nerve motors and sensory are intact. Tinel's is X at the carpal tunnel. The left hand/wrist exam reveals X. There is X strength. Median, radial, and ulnar nerve motor and sensory are intact. Tinel's is X at the carpal tunnel.

However, the same requested procedure was attempted on X and was X. The follow-up on X did not document any benefit from the X. Additionally, the recommendation was to X, and the current request does not specifically request X. Rationale for a X. Moreover, X underwent a 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 request for a 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)**