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Notice of Independent Review Decision

DATE OF REVIEW: **21 AUGUST 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Outpatient ORIF right wrist distal radioulnar joint with ligament repair and pinning (25545)

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

REVIEW OUTCOME

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

☒ Overturned (Disagree)

Review of the documentation provided supports the medical necessity of outpatient ORIF right wrist distal radioulnar joint with ligament repair and pinning.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (03/17/07 - 07/27/07)
- Therapy notes (05/22/07 – 06/20/07)
- Utilization reviews (06/28/07 - 07/10/07)
- Designated doctor examination (06/11/07)

Workers' Comp Services
Office note (06/21/07)
Designated doctor examination (06/11/07)

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a right-hand dominant female whose glove was pulled in the machine causing injury to her right arm.

The patient was evaluated by D.O., for right forearm and wrist pain and restricted range of motion (ROM). X-rays revealed fracture of styloid process of the right ulna. Dr. prescribed medications and recommended restricted duty.

M.D., an orthopedic surgeon, placed the patient in a short-arm cast and initiated therapy.

M.D., a hand surgeon, reviewed x-rays and found that there was no true healing fracture. He removed the cast. From May through June, the patient attended 12 sessions of PT consisting of contrast bath, paraffin, neuromuscular re-education, therapeutic exercises, home exercise program (HEP), and manual therapy.

In a designated doctor examination (DDE), M.D., noted pain with any movement of the right wrist. There was distinct limitation of the ROM and tenderness over the styloid area. Dr. opined that the patient was not at maximum medical improvement (MMI) and recommended completion of a total of eight weeks of PT.

On June 21, 2007, Dr. noted the patient was doing well with no complaints and the pain was decreasing. The pain increased with movement of the right hand, especially supination. X-rays revealed healed distal radius fracture; however, there were dorsal subluxations of the distal ulna. Dr. recommended right wrist distal radioulnar joint reduction and pinning/casting with triangular fibrocartilage (TFC) or radioulnar ligament repair. Additionally, he recommended six weeks of long-arm cast after surgery, pin removal in the office, and two to three months of therapy thereafter.

On June 28, 2007, the requested surgery was denied. The rationale: *Surgery is not recommended in the absence of displacement or delayed healing. With the proliferation of different fixation screws, there is an increasing trend to recommend early internal fixation of the broken scaphoid even if the fracture is not displaced. The benefits and risks of early fixation of scaphoid fractures have not been established. Early internal fixation of minimally displaced or nondisplaced fractures of the scaphoid wrist, which would heal in a cast, could lead to over treatment of a large proportion of such fractures, exposing such patients to avoidable surgical risk. A program of aggressive treatment, whereby fracture-healing is assessed with plain radiographs, radiographs and computed tomography scans if necessary. After six to eight weeks of cast immobilization, would indicate surgical fixation with or without bone grafting at that time if a gap is identified at the fracture site. Such an approach should result in fracture in over 95% of such patients (Dias, 2005). Percutaneous pinning of unstable, extraarticular fractures of the distal radius provides only a marginal improvement in the radiological parameter compared with immobilization in a cast alone, and this did not correlate with an improved functional outcome (Azzopardi, 2005). During the period of two years, patients who underwent indirect reduction and percutaneous fixation, had a more rapid return of function and a better functional outcome than those who underwent open reduction and internal fixation (Kreder, 2005). The patient is doing well with no complaints and a normal physical examination and so denied the request of further surgery.*

On July 10, 2007, appeal for adverse determination was denied. Rationale: *There is no indication of instability and no indication of need for ligamentous repair. The requested surgery is not within the current standards of care or literature guidelines.*

On July 13, 2007, Dr. noted she had pain in the right hand on supination and pronation only. He recommended OTC medications and released her to

modified duty. On July 27, 2007, Dr. noted the patient was doing better and recommended modified duty, if available, but no PT or medications.

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

BASED ON THE HISTORY, PHYSICAL EXAMINATION, AND RADIOGRAPHIC DATA AVAILABLE FOR REVIEW, I BELIEVE THAT MS. HAS SUFFERED AN INJURY TO THE TFCC AND DISTAL RADIO-ULNAR JOINT (DRUJ). SHE INITIALLY HAD RADIOGRAPHIC EVIDENCE OF A NON-DISPLACED RADIAL STYLOID AND ULNAR STYLOID FRACTURE WHICH WERE TREATED APPROPRIATELY WITH CAST IMMOBILIZATION. FRACTURE OF THE ULNA STYLOID FREQUENTLY LEADS TO DYSFUNCTION OF DRUJ AND DISRUPTION OF THE TFCC. DESPITE PHYSICAL THERAPY AND CONSERVATIVE TREATMENT, SHE REMAINS SYMPTOMATIC AT THE DRUJ WITH SUPINATION AND PRONATION. IN ADDITION, SHE HAS EVIDENCE OF DRUJ INSTABILITY ACCORDING TO THE EXAMINATION PERFORMED BY DR.. FAILURE OF CONSERVATIVE THERAPY' WITH SYMPTOMS REFERRABLE TO THE TFCC AND DRUJ, IS A CLEAR INDICATION FOR SURGICAL INTERVENTION. DENIAL OF THE REQUESTED SURGERY DATED JUNE 28, 2007 WAS PATENTLY ERRONEOUS IN ITS PRESENTATION. DENIAL WAS BASED ON SURGICAL TREATMENT OF SCAPHOID FRACTURES AND EXTRA-ARTICULAR DISTAL RADIUS FRACTURES WHICH ARE IRRELEVANT IN THIS CASE.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

JBJS VOL77-A(6) JUN 1995 PP 958-968; INSTRUCTIONAL COURSE LECTURES, THE AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS. ACUTE DISLOCATIONS OF THE DISTAL RADIO-ULNAR JOINT. BRUCKNER, JAMES D.; ALEXANDER, A. H.; LICHTMAN, DAVID M.

TRIANGULAR FIBROCARTILAGE TEARS.
COONEY WP, LINSCHIED RI, DOBYNS JH. J HAND SURG 1994: 19 (1): 143-154.