

Applied Resolutions LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 04/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right wrist small bone invocation total wrist arthroscopy and cold therapy unit purchase

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested right wrist small bone invocation total wrist arthroscopy is not medically necessary and the cold therapy unit purchase is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination letters, 03/25/08 and 03/03/08
2. ODG Guidelines and Treatment Guidelines
3. M.D., 02/18/08, 09/18/07, 08/22/07, 06/13/07, 03/21/08, 03/07/08, 01/28/08, 12/28/07, 11/26/07, 10/29/07, 10/01/07, 09/07/07, and 08/03/07
4. Right wrist MRI scan, 07/06/07
5. Right wrist arthrogram, 07/06/07

6. Prescription, 11/26/07
7. P.T., 12/26/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a gentleman who was injured at work. Apparently a box of antifreeze that weighed about 60 pounds fell, hyperextending his right wrist. He felt a pop. He had a radial fracture twenty years ago that had healed and with which he has had absolutely no trouble with since. He now has a clunk, apparently, with activities of daily living. He has undergone wrist arthroscopy, scapholunate ligament repair, which failed, and he is now being proposed for a total wrist arthroplasty.

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

The medical records do not establish the medical necessity for a total wrist arthroplasty. The ODG Guidelines do not support the use of arthrodesis of the wrist because complications are common through implant failure, lateral instability, and occasionally chronic synovitis. In particular, there is an unacceptable long-term revision rate. This could certainly be expected in a young individual such as this. It is said that candidates for total wrist arthroplasty might be patients who have far advanced disease at the wrist and might be considered candidates for arthrodesis for whom the permanent loss of motion would represent a significant disability. In this particular individual's case, the records indicate that such advanced degenerative disease has not yet occurred. Hence, the medical records do not explain why total wrist arthroplasty is preferred. It is for these reasons that medical necessity of a total wrist arthroplasty cannot be established from my review of the medical records.

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)**