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Notice of Independent Review Decision

DATE OF REVIEW: August 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left wrist arthroscopy with triangular fibrocartilage complex (TFCC) debridement (29846)

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

Fellow American Academy of Orthopedic Surgeons

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of Left wrist arthroscopy with triangular fibrocartilage complex (TFCC) debridement (29846)

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who was injured on xx/xx/xx, when he fell on the left outstretched hand and injured his wrist.

Following the injury, M.D., evaluated the patient for left wrist pain and diminished range of motion (ROM). X-rays revealed left distal radial fracture. He prescribed Vicodin and applied a thumb spica splint. M.D., an orthopedic surgeon, evaluated the patient for left wrist pain and popping. X-rays of the left wrist wear normal. Dr. assessed disorder of the articular cartilage of the forearm, prescribed medications, and recommended activity restrictions.

Magnetic resonance imaging (MRI) of the left wrist revealed a large amount of effusion in the dorsal radioulnar joint (DRUJ) with DRUJ arthritis, radioscaphoid arthritis, and findings consistent with perforation/tear of the triangular fibrocartilage (TFC). The radiologist stated that these changes could be degenerative.

Dr. administered an injection in the left DRUJ. There was no significant relief with the injection and the patient continued to have severe pain on the ulnar side of the left wrist with rotation. Dr. placed a pre-authorization request for left wrist arthroscopy with TFCC debridement, an assistant surgeon, and a polar care

rental unit.

On July 21, 2008, M.D., denied the request for the TFCC repair and debridement with the following rationale: *“The request for TFCC repair and debridement with an assistant surgeon is not certified at this time. The patient has evidence of significant degeneration at the radioscapoid as well as DRUJ arthritis. The radiologist noted that there is a possibility of the perforation/tear of the TFC to be degenerative. Given the amount of arthritis and the high probability of continued symptomatology after surgical intervention, the patient should undergo a repeat injection as well as PT in order to attempt to decrease the symptoms. Surgery at this time is not warranted.”*

On August 5, 2008, M.D., denied the request for reconsideration of the TFCC debridement surgery with the following rationale: *“Effects to contact Dr. have been unsuccessful. These efforts were made on July 31, 2008; we spoke with his office on August 1, 2008. Further efforts were made on August 14, 2008, and unfortunately, we have not been able to contact the physician. Based on the information available, it is quite possible that this claimant is now ready for the proposed wrist arthroscopy. However, an assistant surgeon for arthroscopy of the wrist would not be medically necessary. Although cold packs are recommended, a Polar Care rental would not be recommended as medically necessary, as the effectiveness of such units has not been scientifically proven as opposed to other methods of applying ice. The physician is not available to discuss this as a modification. Therefore, the case in total must be considered. I would not propose that the procedure as listed be considered medically necessary at this time. As outlined above, the TFCC debridement would probably be acceptable, but I cannot substantiate an assistant surgeon or the Polar Care rental.”*

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

Document supports that the patient’s MRI findings showed degenerative arthritis in the wrist and the TFC tear has a high likelihood of being degenerative. It is doubtful that a wrist arthroscopy would improve this patient’s condition. There is also no indication for an assistant surgeon in this procedure. I agree with the opinions from M.D., from July 21, 2008 and M.D., from August 5, 2008.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES