Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: December 31, 2008

IRO Case #:

Description of the services in dispute:

Outpatient diagnostic left wrist scope – CPT code # 29840.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Overturned

The patient has had a long protracted course after a traumatic injury to the wrist. The patient has already failed injection, physical therapy, medications, activity modification, and AIN and PIN nerve resection. The patient was seen by another provider who recommended wrist arthroscopy for a loose body but this was cancelled due to the patient's hepatitis. The patient had MRI showing a scapholunate ligament tear but has not had any surgery to address these issues. The patient has had adequate conservative and surgical management but has persistent pain. The diagnostic arthroscopy is allowable due to failure of prior conservative measures with equivocal imaging and persistent pain.

Information provided to the IRO for review

Records Received from State:

Confirmation of receipt of a request for a review by an Independent Review Organization (IRO) – 6 pages

Notification of Adverse Determination dated 10/13/08 – 3 pages

Notification of Reconsideration Determination dated 11/5/08 – 3 pages

Notice to Medical Review Institute of America, Inc. of Case Assignment – 1 page

Records from Insurance Company:
Fax cover sheet dated 10/10/08 – 1 page
Fax cover sheet dated 10/16/08 – 1 page
Surgery request form – 1 page
Request for preauthorization and concurrent review – 1 page
note dated 10/7/08 – 1 page
note dated 8/26/08 – 1 page
note dated 7/31/08 – 2 pages
Notification of Adverse Determination dated 10/13/08 – 2 pages
Review Summary – 2 pages
Authorization for release of patient information – 1 page
New patient consultation – 3 pages
Follow up report dated 11/12/07 – 1 page
Initial injury report dated 11/5/07 – 1 page
Initial injury report dated 10/11/07 – 1 page
MRI of the left wrist dated 11/7/07 – 1 page
Authorization request dated 10/7/08 – 1 page
Request for preauthorization and concurrent review – 1 page

Records from Provider:
Authorization request dated 10/7/08 – 1 page
Request for preauthorization and concurrent review – 1 page
note dated 10/7/08 – 1 page
note dated 8/26/08 – 1 page
note dated 7/31/08 – 2 pages
note dated 6/3/08 – 2 pages
note dated 5/13/08 – 2 pages
note dated 4/22/08 – 3 pages
Office visit note dated 12/4/07 – 3 pages
Follow up report dated 11/12/07 – 1 page
Initial injury report dated 11/5/07 – 1 page
Initial injury report dated 10/11/07 – 1 page
MRI of the left wrist dated 11/7/07 – 1 page

Patient clinical history [summary]
The patient is a xx-year-old male who sustained an injury while picking up a large object. Date of injury is xx/xx/xx. The patient has bone fragment loose body left wrist; Post left hand/wrist dislocation/Left wrist anterior and posterior nerve resection on 7/18/08 and arthroscopy certed on

6/10/08. On 10/17/07, he saw Dr. and there was no swelling or crepitus noted. He did have increased pain with picking up heavier objects, and a burning sensation in the left wrist. His exam revealed tenderness over the mid dorsal central wrist with no swelling or crepitus, but decreased ROM in flexion for the last 20 degrees, but full extension with pain. His diagnosis was left wrist sprain and recommended an x-ray of left wrist, but no acute changes were noted. He was sent to therapy 3x a week for 2 weeks with use of left wrist brace. Exam dated 11/5/07 noted picking up a 12 pack of Pepsi felt pain in the back of his left hand and felt something pop in the wrist and hand and still had tenderness over the back of the hand. At this time exam showed tenderness over the mid-dorsal third metacarpal region with the wrist having full ROM and 11/7/07 MRI revealed finding consistent with scapholunate ligament tear with diastasis. The patient has not had any post op therapy to date. The clinician reports that the claimant has unrelenting aching pain and on PT exam and has diffuse tenderness over the dorsal wrist and at the radial and ulnar borders of the wrist joint. There is no point tenderness over the tendons or specific carpal joints just generalized diffuse tenderness at the radial carpal joint distally. Sensation is normal.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The patient has had a long protracted course after a traumatic injury to the wrist. The patient has already failed injection, physical therapy, medications, activity modification, AIN and PIN nerve resection. The patient was seen by another provider who recommended wrist arthroscopy for a loose body but this was cancelled due to the patient's hepatitis. The patient had MRI showing a scapholunate ligament tear but has not had any surgery to address these issues. The patient has had adequate conservative and surgical management but has persistent pain. The diagnostic arthroscopy is allowable due to failure of prior conservative measures with equivocal imaging and persistent pain.

The patient had traumatic wrist injury in xx/xx. In Oct 2007, the patient was given brace, PT, and medications. MRI in Nov 2007 showed scapholunate tear. The patient was diagnosed with wrist sprain with ligament tear. He was placed on restricted duty. In Dec 2007, patient was found to have a loose body in the wrist as the source of pain. He was scheduled for surgery due to failure of conservative care. Dr. saw the patient in April 2008 and diagnosed the patient with no instability. He was seen in May 2008 and was diagnosed with carpal ligament sprain. Injections over the wrist AIN and PIN nerves were performed. Wrist arthroscopy was suggested. In June 2008, AIN and PIN resection was recommended and performed in July 2008 to address the chronic wrist pain. In Aug 2008, the patient had no relief from his surgery. Cervical workup was recommended. EMG was negative and diagnostic wrist arthroscopy was recommended to assess the chronic pain. Wrist arthroscopy and scapholunate ligament injury was recommended.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG: Diagnostic arthroscopy
Recommended as indicated below.

ODG Indications for Surgery -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

1. Conservative Care: Medications. OR Physical therapy. PLUS

2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS

3. Imaging Clinical Findings: Imaging is inconclusive.

(Washington, 2003) (Lee, 2004)

Hand Surgery Update 2002

Slutsky DJ, Nagle DJ.Wrist arthroscopy: current concepts. J Hand Surg [Am]. 2008 Sep;33(7):1228-44.

[Wrist arthroscopy. Current indications and results]Chir Main. 2004 Dec;23(6):270-83.

Savoie FH 3rd, Grondel RJ.Arthroscopy for carpal instability.Orthop Clin North Am. 1995 Oct;26(4):731-8.

1424890.1