CORE 400 LLC

240 Commercial Street, Suite D
Nevada City, California 95959

DATE OF REVIEW: DECEMBER 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of left wrist scope with TFFC debridement extensor carpi ulnaris release

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for left wrist scope with TFFC debridement extensor carpi ulnaris release.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/28/08, 11/5/08
ODG Guidelines and Treatment Guidelines
Office notes, Dr., 09/04/08, 10/09/08
Therapy notes, 09/10/08, 10/08/08
Request for surgery, 10/10/08
Request for surgery, unit and assistant, 10/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx-year-old male fell from a height landing directly onto his outstretched left wrist and sustained a hyperextension injury. He presented to Dr. on xx/xx/xx for a two week history of left wrist pain with popping, mild swelling and impaired motor function. There was severe volar ulnar tenderness. The rest of the examination was normal. Disorder of the articular cartilage of the forearm and forearm pain were diagnosed. Activity restrictions and an MRI were recommended.

An MRI of the left wrist on 05/29/08 revealed a large amount of distal radioulnar joint effusion and distal radioulnar joint arthritis; radioscaphoid arthritis; findings consistent with a perforation/tear of the triangular fibrocartilage; and normal extensor and flexor tendons. Dr. indicated that the MRI was consistent with a triangular fibrocartilage complex tear with distal radioulnar joint and radioscaphoid arthritis. The left distal radioulnar joint was injected on 06/20/08 without significant relief. On 07/17/08, the claimant had persistent severe pain on the ulnar side of his wrist with rotation. He was taking Vicodin. A left wrist arthroscopy with triangular fibrocartilage complex debridement was recommended and denied. The reviewer recommended additional injection and physical therapy prior to surgical intervention. The claimant continued to treat conservatively with Dr. On 09/04/08 physical examination demonstrated severe volar ulnar tenderness; no instability; negative ballottement, carpal stress, grind, scaphoid shift, and Watson's; no atrophy; normal Allen's and grip; and negative Finkelstein, Tinel's and Phalen's. Dr. indicated the claimant was asymptomatic prior to the xx/xx/xx injury. On 09/04/08, the claimant underwent additional injection in the distal radial ulnar joint that only provided one day relief. The claimant attended 8 sessions of physical therapy with notation of painful ulnar deviation and extension, as well as decreased left grip. On 10/09/08 Dr. reported worsening pain with increased activity, especially involving ulnar deviation or wrist extension. The claimant continued to require narcotic analgesia. Physical examination noted reduced wrist extensor strength, negative ulnar grind, mild distal radial ulnar joint tenderness and moderate extensor carpi ulnaris tenderness. The claimant underwent injection along the extensor carpi ulnaris tendon and surgical management continued to be recommended.

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

This patient meets the criteria set forth in the ODG Guidelines (see below) and is therefore an appropriate candidate for the proposed wrist arthroscopy. The reviewer finds that medical necessity exists for left wrist scope with TFFC debridement extensor carpi ulnaris release.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Forearm, Wrist and Hand – TFCC Reconstruction)
Recommended. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a frequent cause of ulnar-sided wrist pain. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study.

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)**