

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 29, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed total left wrist fusion (25805)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.14	25805		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 121 pages of records received to include but not limited to:

Letter 9.12.08; DWC 73; DDE 5.2.08; x-rays 9.6.07; notes, Dr. 9.6.07-11.28.07; Medical Center records 9.25.07-12.4.07; Hand Center records 11.28.07-7.22.08; left wrist arthrogram 12.14.07; notes, Dr. 9.15.07-8.22.08; lab 1.3.08; Surgery Center 1.10.08

Requestor records- a total of 38 pages of records received to include but not limited to: Request for an IRO forms; notes, Dr. 9.15.07-8.29.08; letters 8.18.08, 8.22.08, 8.27.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The indications for wrist fusion include:

1. Symptomatic, posttraumatic, or degenerative arthrosis of the radial carpel and mid carpel joints that is severe and unresponsive to nonoperative treatment. It also cannot be improved by a motion-saving procedure.
2. Bone destruction.
3. Instability.
4. Contracture.
5. Inflammatory arthritides.
6. Infection.
7. Nerve palsy.
8. Paralytic.
9. Spastic disorders.
10. Connective tissue disorders.
11. Bone loss secondary to trauma and/or tumor resection.
12. Complex carpel instability problems.
13. Salvage of failed implant arthroplasty.
14. Arthroplasty, proximal row carpectomy, or limited intracarpal arthrodesis.

The presence of these is not clear. The patient had x-rays in the fall of 2007 on xx/xx/xx and xx/xx/xx which did not document arthritis. Dr.'s statement of xx/xx/xx confirmed this. Dr. stated in his operative note that the patient had grade II chondromalacia of the lunate on 01/10/2008. Several months later, Dr.'s noted state osteoarthritis throughout the carpus. There is no indication in the medical records when and why this occurred. This is a very significant change from no evidence of osteoarthritis and grade II chondromalacia of the single bone to osteoarthritis throughout the carpus. While this may indeed be the case, it is not clear based upon the medical records. Therefore, medical necessity could not be established.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

(Operative Hand Surgery, David P. Green, M.D. ; Campbell's Operative Orthopedics;
Journal of the American Academy of Orthopedic Surgery January/February of 2001: 9: 53-60)