

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: February 20, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left wrist arthroscopy

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

Certified, American Board of Orthopaedic Surgery

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 the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Attorney

- ER report (12/02/08)
- Office visits (01/05/09 – 01/26/09)
- Diagnostic (12/29/08)
- Utilization review (01/08/09)

- Office visits (01/12/09 – 01/27/09)
- ER visit (12/02/08)

TDI

- Utilization reviews (01/16/09 and 02/06/09)

ODG Criteria are used for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male, who sustained laceration to his left index finger when a 1.5-inch PVC pipe fell from approximately 400 feet from above initially hitting his hard hat and then his left index finger.

The patient was evaluated at Medical Center emergency room (ER) where the laceration of the left index finger was repaired and the finger was splinted. He was prescribed Tramadol and Cephalexin. On December 8, 2008, M.D., evaluated him for headaches, neck pain, dizziness/nausea, and ringing in the left ear. Examination revealed decreased cervical range of motion (ROM), positive cervical compression, distraction, Jackson's compression, and shoulder depression tests on the left. The physician diagnosed status post closed head injury and cervical sprain/strain with possible internal derangement. Dr. recommended physical therapy (PT) and orthopedic evaluation for hand.

Magnetic resonance imaging (MRI) of the cervical spine revealed left central disc herniation of approximately 3 mm at C5-C6 and cranially dissecting left central disc extrusion measuring approximately 4 mm in AP diameter by approximately 8 mm in cranial-caudal extent at C6-C7.

In January 2009, M.D., a hand surgeon, noted healed transverse laceration of the left index finger dorsum, inability to fully flex the finger, ecchymosis and hematoma of the left ring finger with nail disruption, tenderness at the distal phalanx and proximal interphalangeal (PIP) joint, and mild tenderness diffusely at the dorsum of the wrist. Dr. assessed laceration of left index finger with extensor tendon laceration, nail anomalies, contracture of joint of hand, hematoma and contusion left ring finger, and fracture of the distal phalanx. He recommended extensor tendon repair of left index finger and tenolysis, release of contracture, dorsal capsulectomy of left index PIP joint, flexor tenolysis of FDP/FDS of index finger, repair of nailbed of left ring finger, and left wrist arthroscopy.

The patient underwent initial PT evaluation. The evaluator noted following treatment history: *Following the injury, the patient was taken to the ER where his was x-rays were found to be unremarkable. Subsequently, MRI showed post-traumatic contusive soft tissue swelling and lymphedema along the dorsal aspect of the wrist down to the proximal portion of the hand with a small effusion, mild posttraumatic lymphedema along and around the shaft of the second, third, and fourth metacarpal bone.* Six sessions of PT for cervical spine and hand were authorized.

On January 16, 2009, M.D., denied the request for wrist arthroscopy with following rationale *"I do not recommend approval for the requested left wrist arthroscopy for this male, s/p stated injury when the patient was hit on the head with a pipe, then lacerated the dorsum of the hand, for the following reasons; 1) There is no detailed subjective history of problems with the left wrist, 2) There is no objective history of problem with the left wrist, 3) There is no Imaging evidence provided of fracture, dislocation, etc., for the left wrist, 4) This would not meet ODG. 2008, Hand/Wrist... does not have a specific recommendation (logically), when there is no pathology mentioned, but normally there is some symptomatic, objective, and/or imaging justification for such surgery (actually no pathology mentioned), and 6) There is no Information from the provider to Justify the procedure."*

On January 19, 2009, Dr. noted complaints of persistent pain in the left wrist and neck. He diagnosed cervical disc herniation with left upper extremity neuropathy, and left trigger finger. He refilled Lortab, Ultram, and Mobic and continued PT.

On January 27, 2009, Dr. noted healed transverse laceration of the dorsum of the left index finger, inability to actively fully flex the index finger, significant ecchymosis and hematoma in the left dorsum ring finger beneath the nail along with destruction of the nail of the ring finger, tenderness at the distal phalanx and PIP joint of that finger, and mild diffuse tenderness in the dorsum of the wrist. He diagnosed laceration of the left index finger, crush injury of the left index finger, nailbed injury and laceration of this finger, contracture of the joint of the left index finger PIP joint and DIP joint, hematoma and contusion of the left ring finger and fracture of the distal phalanx, and diffuse wrist pain. He recommended removal of the nail and meticulous microscopic repair of the nailbed of the ring finger in the hope of salvaging a normal nail in the future, flexor tenolysis of the FDP and FDS of the index finger, dorsal capsulectomy of the left index PIP joint, and left wrist arthroscopy to restore the function of the hand.

On February 6, 2009, M.D., denied appeal of wrist arthroscopy with following rationale: *“This is a male claimant with a reported crush injury to his left hand on xx/xx/xx, which resulted in a laceration of the finger, nailbed Injury, and distal phalanx fracture. A left wrist arthroscopy has been requested. The requested left wrist arthroscopy is not medically necessary based on review of this medical record and phone conversation with Dr., hand surgeon. The records offered for review include a January 27, 2009, office visit of Dr. where he documents a left Index and left ring finger lacerations and treatment. There is also a January 12, 2009, Initial therapy visit documenting the hand and wrist complaints. The conversation with Dr. entailed the fact that while this reviewer understood there was a more significant injury to the Index and ring finger, there really did not seem to be a lot of physical findings documented in the wrist nor any obvious diagnostic testing or specific type of injury. The object that fell from 400 feet into his hand only injured his fingers and not his wrist. There is also no abnormal diagnostic testing or loss of wrist function. Therefore, in light of the fact that there was no specific wrist injury and no true loss of wrist function, then the requested left wrist arthroscopy is not medically necessary. This was explained to Dr. and he said that was fine. He was just doing it for the claimant who said he had some wrist pain. Official Disability Guidelines Treatment in Worker's comp 2008 Updates, does not address. Orthopedic Knowledge Update, 8, Vaccaro, editor Chapter 30 p. 3E1”*

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

The claimant presented as a male who sustained a crush injury to the left index finger near the tip, originally described as being due to a falling piece of PVC pipe. He had emergency treatment of a dorsal laceration. He first presented to Dr. on 1/5/09. Dr. states an alternate MOI – that a brick fell on the claimant’s finger. The claimant presented with a healing crush injury to the left index finger, but also mentioned dorsal left wrist pain. Although commenting on dorsal tenderness in the examination, Dr. did not provide a formal diagnosis regarding the wrist. Despite the lack of a detailed description of a specific mechanism-of-injury to the wrist, the lack of a detailed description of the claimant’s symptoms (character, intensity, severity, location, duration, quality, offending activities, ameliorating activities, mechanical symptoms, etc.), the lack of any specific physical exam findings, and the lack of any correlated imaging findings, Dr.

immediately recommended wrist arthroscopy without discussion of the rationale, anticipated findings, or treatment plan based on such findings.

The surgery was denied upon preauthorization review. On follow-up examination by Dr. he only described "mild tenderness diffusely to the dorsum of the wrist," and provided the diagnosis of "diffuse wrist pain." Once again, he recommended wrist arthroscopy without further clarification. He superficially cited ODG with regard to the finger, but did not discuss ODG with regard to wrist surgery. The surgery was denied for the second time upon preauthorization review.

The left wrist arthroscopy does not appear to be medically reasonable or necessary per ODG. There is insufficient evidence of an acute, focal pathoanatomic lesion that may be directly attributed to the MOI, the initial presenting symptoms, the interval history, or pertinent positive physical exam findings (or lack thereof). The denial of wrist arthroscopy via the preauthorization process appears to have been reasonable.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**