

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Wrist Arthroscopy, TFCC debridement (29846)

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Peer Review 06/05/09, 07/06/09

Dr. OV 09/10/08

Dr. OV 01/12/09, 02/06/09, 05/28/09

Procedure 05/15/09

MRI cervical spine 10/17/08

X-ray right wrist 10/17/08

X-ray left knee 10/17/08

MRI left knee 10/17/08

MRI lumbar spine 10/17/08

CMT/ ROM testing 01/12/09, 05/28/09

Physician correspondence 04/24/09

Procedure orders 05/08/09

MD Rx 01/12/09

Surgery reservation sheet undated

Fax 03/23/09, 04/06/09, 05/04/09

Articles Re: Spinal epidural steroid injections, nerve root blocks

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old claimant who reportedly was assaulted and sustained multiple injuries during a robbery at work on xx/xx/xx. A past medical history included cancer with recent

chemotherapy. A physician record dated 09/05/08 noted the claimant with cervical, thoracic, lumbar, bilateral knee and right wrist pain. The claimant was diagnosed with a cervical, thoracic and lumbar sprain along with contusions of both knees and a right wrist sprain. Medication was prescribed along with physical therapy. X-rays and MRI were performed of the cervical spine, lumbar spine and left knee. X-rays of the right wrist performed on 10/17/08 showed no fracture or dislocation, well maintained joint spaces and no abnormal calcification.

A 01/12/09 physician record noted the claimant with persistent right wrist pain along with bilateral knee, cervical and lumbar pain. On a follow up physician visit dated 02/06/09 right wrist pain was reported and review of a right wrist MRI showed a full thickness triangular fibrocartilage complex tear. A right wrist arthroscopy to address the tear was recommended. May 2009 physician records revealed the claimant with continued pain in the right wrist and pain with gripping. The claimant continued to treat for cervical, lumbar and bilateral knee symptoms.

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

Right wrist arthroscopy and TFCC debridement is not medically indicated and appropriate in this xx-year-old female who does not have demonstrable instability on examination. Per the report of Dr., she has a radial fibrocartilage complex tear per MRI. There has been no conservative care directed at this diagnosis within the medical records reviewed and as such surgery is not indicated based upon review. This is consistent with ODG guidelines. The reviewer finds that medical necessity does not exist for Right Wrist Arthroscopy, TFCC debridement (29846).

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Forearm, Wrist and Hand: Triangular fibrocartilage complex (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-AMERICA 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)