INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/06/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Outpatient Right Wrist Arthroscopic TFCC Debridement

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. MRI of the right wrist dated 11/19/08 and 03/03/10
2. Clinical notes dated 12/05/08-04/16/10 from Dr. MD
3. Prior reviews dated 02/18/10 and 03/16/10 from Inc.
4. Coversheet and working documents
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury.

An MRI of the right wrist dated 11/19/08 reported evidence of a suspected tear in the scapholunate ligament.

The clinical note dated 12/05/08 reported the employee complained of 6/10 right wrist pain. The note reported the employee was injured while lifting heavy containers off the

back of a truck. The note reported that the employee's plain films revealed a 4 mm positive ulnar variance. The employee was given a right TFCC ulnar snuff box injection.

A clinical note dated 01/09/09 reported the employee received only temporary relief from the prior steroid injection. An operative report dated 02/03/09 reported the employee underwent osteotomy of distal third right ulna for shortening with internal fixation.

A clinical note dated 02/09/09 reported the employee was six days postoperative and reported pre-operative symptoms were better. Radiographs taken in the office revealed good alignment and good position of hardware.

A clinical note dated 03/26/09 reported the employee had completed twelve sessions of physical therapy. The note reported the employee had decreased right wrist range of motion and motor strength. A clinical note dated 05/06/09 reported the employee complained of 4/10 pain. The note reported the employee was using a bone stimulator.

A clinical note dated 05/07/09 reported the employee had completed twenty-five sessions of physical therapy.

A clinical note dated 06/03/09 reported the employee complained of 3/10 pain. Radiographs revealed osteotomy site was healing on schedule with good position of hardware. The note reported the employee's plate side was sensitive and would need plate removal.

A Designated Doctor Evaluation dated 06/18/09 reported the employee had not reached MMI and was recommended to continue with physical therapy.

A clinical note dated 08/26/09 reported the employee continued to have tenderness of the right ulnar aspect of the forearm with scar sensitivity along the plate. Radiographs noted that the employee's osteotomy site was still consolidating. The note reported the employee would require plate removal to decrease sensitivity.

An operative report dated 11/10/09 reported the employee underwent removal of deep plate and screws from the right ulna.

A clinical note dated 12/16/09 reported the employee complained of 3/10 pain with numbness at the incision site.

A clinical note dated 01/05/10 reported the employee complained of 6/10 pain and had completed twelve sessions of physical therapy.

A clinical note dated 02/10/10 reported the employee had some relief from prior right snuff box injection on the last visit. A prior review dated 02/18/10 reported the request for right wrist arthroscopic TFCC debridement was not recommended secondary to no repeat MRI being submitted for review.

An MRI of the right wrist dated 03/03/10 reported findings of abnormal TFCC findings consistent with torn ulnar attachment and focal perforation in the proximal surface of the midportion of the complex. The MRI also reported negative ulnar variance and tears in the scapholunate ligament with slight wide scapholunate joint space.

A clinical note dated 03/05/10 reported the employee complained of 6/10 right wrist pain with numbness radiating into the right forearm. A physical examination reported decreased right wrist range of motion. The note reported the employee had exquisite tenderness in the TFCC site on the last clinical visit. The employee was recommended for surgical intervention.

A prior review dated 03/16/10 reported the request for right wrist arthroscopic TFCC debridement was not medically necessary secondary to what appeared to be a lack of ruling out other possible pain generators.

A clinical note dated 04/16/10 reported the employee's symptoms had not improved despite conservative treatment to include injections, medication management, therapy, and rest. The employee was again recommended for TFCC debridement of the right wrist.

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

The request for outpatient surgical services is medically necessary. The clinical documentation indicates the employee is being recommended for a right wrist arthroscopic TFCC debridement.

The employee sustained an injury on xx/xx/xx, and underwent subsequent right ulnar shortening with internal fixation on 02/03/09.

The employee later underwent removal of deep plate and screws from the right ulna on 11/10/09. The employee continued to have persistent right ulnar sided wrist pain. The employee has been unresponsive to conservative care which include injection therapy, medication management, physical therapy, rest, and bracing. The first request for surgical intervention was denied secondary to lack of repeat MRI study.

The employee underwent an MRI of the right wrist on 03/03/10 with findings consistent with a TFCC tear at the ulnar attachment and focal perforation in the proximal surface of the midportion of the complex. The second request for surgical intervention was denied on what appears to be a lack of ruling out other pain generators. ***Official Disability Guidelines*** recommend arthroscopic repair of TFCC tears. The employee has advanced imaging evidence of a TFCC tear that has been unresponsive to conservative care to date. As such, the medical necessity for the request for right wrist arthroscopic TFCC debridement is established at this time.

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

Official Disability Guidelines, Forearm Wrist and Hand Chapter, Online Version
Triangular fibrocartilage complex (TFCC) reconstruction
Recommended as an option. 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 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. (Corso, 1997) (Shih, 2000) Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for posttraumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study. (Shih, 2005)