

SENT VIA EMAIL OR FAX ON
Mar/31/2011

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Wrist arthroscopic debridement, right wrist carpal tunnel release (CTR) and right ulnar nerve release

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic and Hand Surgery

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate he was operating and the. He had to jump off the approximately 6 feet to the ground to avoid serious injury. He fell headfirst and sustained multiple injuries. Electrodiagnostic testing performed 12/16/02 reported findings indicative of sensory motor distal peripheral polyneuropathy. MRI arthrogram of the left wrist on 06/29/04 reported images submitted for interpretation were of extremely poor quality. There was severe motion artifact as well as susceptibility artifact from foreign body. There was no obvious or gross amount of contrast extravasation seen in mid carpal space. The TFCC was not well evaluated, although it was probably intact. A repeat MRI arthrogram performed 01/12/11 reported triangular fibrocartilage degeneration with perforations and / or tears; scapholunate ligament tear; lunotriquetral ligament tear; dorsal intercalated segmental instability. Examination of left upper extremity on 12/13/10 demonstrated no Tinel's at ERB point or spiral groove. There is moderate Tinel's over the cubital tunnel with negative passive elbow flexion test at 10 sec. The ulnar nerve is stable. There is no Tinel over pronator and moderate Tinel over carpal tunnel radiating appropriately. Two-point discrimination was noted to be 5 mm throughout the hand. There was 5/5 median and ulnar motors. Durkin's is negative at 10 sec. APB and ulnar motors are 5/5. There is full range of motion of shoulder, elbow, wrist, and small joints without evidence of subluxation or dislocation. There was tenderness noted over the scapholunate interval. Watson's is negative. There is tenderness over the TFCC and painful extension and ulnar deviation. The DRUJ is otherwise stable.

There is no clicking or popping with pronosupination. Radiographs on 12/13/10 were reviewed and noted to demonstrate moderate degenerative changes throughout. The patient was reported to have 2-3 mm ulnar positive variance on both wrists with degenerative change in ulnar carpis. On the left wrist there is evidence of what appears to be metallic foreign object in dorsal soft tissues overlying the radial metaphysis. No report was submitted for review, but electrodiagnostic studies were reportedly done in October 2010. These were noted to demonstrate on right distal motor latency of 3.5 msec with a 2mV distal motor amplitude across the elbow a 10 msec drop in conduction velocity on right and left at carpal tunnel with distal motor latency of 3.8 msec with 3mV distal motor amplitude and 4.8 mps drop in conduction velocity across the elbow. Sensory was non-recordable on both sides. The patient was recommended to undergo surgery with possible wrist arthroscopy combined with open carpal tunnel release on right with possibility of wrist arthroscopy with decompression of median nerve at wrist and ulnar nerve at elbow.

A utilization review was performed by Dr. on 02/02/11 regarding request for right wrist arthroscopic debridement, right wrist median and ulnar nerve decompression. Dr. determined the request to be non-certified. Dr. indicated the exam showed the patient to

weigh 240 lbs with full range of motion of shoulders, elbows, and wrists, Tinel's at volar wrist,

2 point discrimination over entire hands, normal motor and mild tenderness over the triangular fibrocartilage complex (TFCC). Dr. noted the patient has not history of night symptoms, location of numbness, region of sensory loss, flick sign. EMG/NCV was noted to show terminal latency is normal. The patient has polyneuropathy. There was no test for diabetes or other metabolic problem recorded. Therefore, medical necessity of the requested procedure was not established. Dr. further noted that the injured worker has clear degenerative changes reported in the wrist bilaterally. There was no indication as to what is going to be debrided with arthroscopy, and therefore medical necessity of requested procedure is not established. It was also noted there was no indication of prior treatment for ulnar nerve with injections or splinting.

A reconsideration / appeal request was reviewed by Dr. on 02/22/11. Dr. determined non-authorization of right wrist arthroscopic debridement, right wrist carpal tunnel release (CTR) and right ulnar nerve release. Dr. noted the injured worker does not have a recorded complaint. There was no history of night symptoms, location of numbness,

region of sensory loss, flick sign. Dr. noted the injured worker has polyneuropathy. EMG/NCV showed terminal latency is normal. No test for diabetes or other metabolic problem was recorded. Dr. noted there was no indication of prior treatment for ulnar nerve, no testing for metabolic problems, no injections or splints. There was no indication as to what is going to be debrided with arthroscopy.

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

Based on the clinical information provided, medical necessity is not established for right wrist arthroscopic debridement, right wrist carpal tunnel release and right ulnar nerve release. The injured employee is noted to have sustained an injury in xx/xx secondary to a fall from a resulting in multiple injuries. Electrodiagnostic testing performed in 10/02 reported findings indicative of a sensory motor distal peripheral polyneuropathy. Records indicate that repeat electrodiagnostic testing was performed in 10/10; however, no report was provided. The injured employee had MR arthrogram of the left wrist performed on 01/12/11 which reported triangular fibrocartilage degeneration with perforations and/or tears, scapholunate ligament tear, lunotriquetral ligament tear and dorsal intercalated segmental instability. There is no documentation of the nature and extent of conservative treatment completed for the left wrist. The records do not specify what was to be debrided during right wrist arthroscopy. Although the injured employee was noted to have positive Tinel's over the carpal tunnel, two point discrimination was normal throughout the hand. There was no evidence of night symptoms, flick sign, thenar weakness/atrophy, or other indications of carpal tunnel. There is no objective evidence of ulnar nerve pathology. As such the proposed surgical procedure is not supported as medically necessary.

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)