

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 02/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left wrist arthroscopy with joint debridement, possible TFCC debridement, and possible wafer procedure

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. He has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

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

In reviewing the previous adverse determinations, emphasis was placed in both reviews on the MRI findings, which indicated no evidence of triangular fibrocartilage complex tear, as this is the criterion from the ODG guidelines that were utilized, 16th edition, 2011, forearm, wrist, and hand procedure section.

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While it is true that the MRI with contrast does not indicate a tear of this structure, the medical records from Dr. along with the MRI certainly are consistent with ulnar-sided wrist pain with tenderness over the TFCC along with the other indications of ulnar abutment or ulnar impaction syndrome with tenderness with ulnar deviation of the wrist.

Review of the literature would indicate that MRI even with contrast studies is at best 92% accurate for predicting tears of the triangular fibrocartilage complex but has not yet proven reliable for detection of tears of the lunotriquetral ligament.

As the guidelines do not adequately address ulnar impaction syndrome in the absence of a TFCC tear, more emphasis needs to be placed on the physical examination, which is certainly consistent with ulnar impaction syndrome and perhaps partial ligamentous disruptions, as indicated in the MRI findings. The patient has certainly exhausted a lengthy trial of nonsurgical care. He has had reduction of work activities. He has had an intra-articular injection. Although he has not had a trial of wrist immobilization, it is unlikely that at this date now several months from the date of injury immobilization will offer significant benefit.

In summary, the patient continues to have ulnar-sided wrist pain with physical examination findings and MRI findings consistent with an ulnar abutment and questionable partial ligamentous disruptions. Under the circumstances, these justify the requested procedure for left wrist arthroscopy with joint debridement, possible TFCC debridement, and a possible wafer procedure.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who injured his left wrist. He felt a pop in his left wrist while lifting a heavy object. Initially, a left wrist sprain and articular cartilage disorder was diagnosed.

An MRI without contrast performed on 08/24/10 showed a narrowed and a regular joint space between the lunate and triquetrum with arthritic changes seen on both sides of the lunotriquetral joint. The report opines that ulnar abutment could also cause this appearance. The interosseous ligaments were noted to be intact on the initial MRI report.

A second MRI, this time with contrast, was performed on 10/11/10, which again noted the cystic erosions on both sides of the lunotriquetral joint, which was unchanged compared to the prior MRI. Partial-thickness tear of the carpal side of the scapholunate interosseous ligament could not be excluded. However, no disruption of the ligament was indicated. The triangular fibrocartilage complex

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was noted to be intact without traumatic or degenerative pathology, and there was some concern about the radial collateral ligament being either stretched or disrupted, as it was not well visualized.

The patient underwent a trial of conservative care including medication, light-duty work, and physical therapy. The patient ultimately also underwent an intra-articular steroid injection. This injection was performed on 11/22/10. There are no medical records available for my review more recent than this.

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

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

In reviewing the previous adverse determinations, emphasis was placed in both reviews on the MRI findings, which indicated no evidence of triangular fibrocartilage complex tear, as this is the criterion from the *ODG* guidelines that were utilized, 16th edition, 2011, forearm, wrist, and hand procedure section.

While it is true that the MRI with contrast does not indicate a tear of this structure, the medical records from Dr. along with the MRI certainly are consistent with ulnar-sided wrist pain with tenderness over the TFCC along with the other indications of ulnar abutment or ulnar impaction syndrome with tenderness with ulnar deviation of the wrist.

Review of the literature would indicate that MRI even with contrast studies is at best 92% accurate for predicting tears of the triangular fibrocartilage complex but has not yet proven reliable for detection of tears of the lunotriquetral ligament.

As the guidelines do not adequately address ulnar impaction syndrome in the absence of a TFCC tear, more emphasis needs to be placed on the physical examination, which is certainly consistent with ulnar impaction syndrome and perhaps partial ligamentous disruptions, as indicated in the MRI findings. The patient has certainly exhausted a lengthy trial of nonsurgical care. He has had reduction of work activities. He has had an intra-articular injection. Although he has not had a trial of wrist immobilization, it is unlikely that at this date now six months from the date of injury immobilization will offer significant benefit.

In summary, the patient continues to have ulnar-sided wrist pain with physical examination findings and MRI findings consistent with an ulnar abutment and questionable partial ligamentous disruptions. Under the circumstances, these justify the requested procedure for left wrist arthroscopy with joint debridement, possible TFCC debridement, and a possible wafer procedure.

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

- ACOEM- AMERICAN 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)