

SENT VIA EMAIL OR FAX ON
Sep/27/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Darrach Resection Left Distal Ulna with excision of Ganglion

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

General 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 female who reportedly was injured on xx/xx/xx when she tripped on crack in parking lot and fell injuring her left elbow. She underwent ORIF left olecranon, left radial neck on 02/26/10. X-rays on 05/24/10 revealed nonunion, and on 06/08/10 the injured employee underwent deep hardware removal, radial head resection, and prosthetic

replacement of radial head. On 09/21/10 the injured employee underwent deep hardware removal of symptomatic hardware left olecranon. The injured employee was seen on 06/13/11 at which time it was noted a corticosteroid injection into distal radial ulnar joint was performed at last visit. The injured employee has been wearing splint. She said overall the wrist is really not much better although she had temporary relief from injection. On examination there was tenderness in distal radial ulnar joint. There was crepitation with passive pronosupination. There is a 1x1 cm firm mass in the dorsal radial aspect of wrist which is tender to palpation. Impression was posttraumatic distal radial ulnar joint arthropathy, left wrist, radiographically confirmed; dorsal radial ganglion left wrist. The injured employee was recommended to undergo Darrach resection procedure, noting she has failed nonoperative treatment and continues to have pain.

A notification of adverse determination dated 06/21/11 noted that physician advisor recommended non-certification of request for Darrach resection left distal ulna with excision of ganglion. The physician advisor noted the injured employee presents with painful range of motion of left wrist. On physical examination there was tenderness in the distal radial ulnar joint. There was crepitation with passive pronation and supination. She has a 1x1 cm firm mass in dorsal radial aspect of wrist which is tender to palpation. It was noted that objective documentation that the injured employee has received and failed to improve with conservative treatment (physical therapy, pain medication, activity modification) is not indicated in the report submitted. The radiographic result with radiologist analysis is not provided for review. Per the reference guideline, arthroplasty of wrist (joint replacement) is not recommended for wrist because complications are common and include implant fracture, lateral instability of PIP joint and occasional synovitis.

Appeal letter from Dr. dated 06/29/11 noted that the procedure he requested was not for total wrist arthroplasty, but rather resection arthroplasty involving removal of ulnar head and soft tissue reconstruction of radial ulnar articulation. Dr. noted this does not involve implant and results of Darrach resection of distal ulna far exceed the outcome of distal radial ulnar joint implant arthroplasty. Dr. noted the injured employee has clear cut distal radial ulnar joint arthropathy as evidenced by radiographs and recommends Darrach resection of distal ulna to address severe degenerative changes at the DRUJ.

A notification of reconsideration determination dated 07/27/11 noted that physician advisor recommended non-certification of appeal OP Darrach resection left distal ulna with excision of ganglion. The physician advisor noted acknowledgment of prior determination where there was non-certification based on missing criteria including failure of splinting and steroid injections, there is now documentation per medical records that the injured employee complains of painful range of motion of left wrist. On physical examination she has tenderness in the distal radial ulnar joint. There is crepitation with passive pronation and supination. There is a 1x1 cm firm mass in dorsal radial aspect of wrist which is tender to palpation. Recent x-rays showed lucency around the distal portion of stem but no gross malalignment. Conservative treatment has included medication, physical therapy, and corticosteroid injection into left distal radial ulnar joint. It was noted there was no clear documentation of diagnosis / condition with supportive subjective / objective findings for which Darrach resection left distal ulna with excision is indicated such as: for relief of pain following distal RU disruption and / or RU arthritis, for symptomatic malunion of Colles fracture in elderly patients, and / or for elderly patients with low functional demands.

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

Based on the clinical information provided, the request for outpatient Darrach resection left distal ulna with excision of ganglion is indicated as medically necessary. The injured employee sustained injury to left upper extremity when she tripped and fell injuring her left elbow. She underwent ORIF of left olecranon left radial fracture with subsequent deep hardware removal, radial head resection, and prosthetic placement of radial head. The injured employee continued with complaints of left wrist pain. She was treated conservatively

with medications, physical therapy, and corticosteroid injection. She also was treated with splinting. The injured employee reported not much significant improvement in response to conservative treatment, although she did obtain temporary relief following injection. There is objective evidence of DRUJ, degenerative changes, with failure to respond to conservative treatment. As noted by the requesting provider, the injured employee is a candidate for proposed procedure as result of posttraumatic radial ulnar joint arthritis secondary to previous Colles fracture. It appears the injured employee meets criteria for proposed procedure, and medical necessity is established.

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)