Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
O/P Left ORIF ulna non-union autograft and steroid injection 25400 20550

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Notification of adverse determination 09/08/11
Notification of reconsideration determination 09/28/11
Orthopedic office/clinic notes and addenda 08/30/11
X-ray report three views left forearm 08/30/11
MRI left wrist 07/13/11
Minor emergency center records 05/17/11
Physical therapy initial evaluation and SOAP notes 05/02/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured on xx/xx/xx in a motor vehicle accident. She is noted to have a history of previous injury when she was involved in a motorcycle collision approximately five years ago in which she sustained injuries to the right shoulder, ribs and left ulna. She states the ulna fracture healed and she had full use of the left arm without pain until re-injury in motor vehicle accident on 04/13/11. MRI of the left wrist performed 06/13/11 revealed severe ulnar minus variance, mild marrow edema in the lunate bone; unstable extension carpi ulnaris tendon with subluxation and moderate tenosynovitis. Examination of the left upper extremity on 08/30/11 revealed significant tenderness to palpation at the mid shaft of the ulna with crepitance at this site with supination/pronation of the forearm. There was negative Tinel's sign at the cubital tunnel. There was significant tenderness to palpation over the extensor carpi ulnaris tendon at the ulnar side of the wrist. X-rays of the left forearm are noted to show hypertrophic non-union of the ulna shaft fracture; 1cm ulnar negative variance; increased radial bow, likely congenital and associated with the shortened ulna. Diagnostic injection of the left ECU tendon sheath was performed on 08/30/11 and the claimant had complete improvement of pain on the ulnar side of the wrist after five minutes and had no pain with lifting objects. Claimant was recommended to undergo open reduction internal fixation of the ulna shaft fracture with bone graft, and steroid injection into the ECU tendon sheath.

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

The request for O/P Left ORIF ulna non-union autograft and steroid injection 25400 20550 is not found by the reviewer to be medically necessary. The claimant sustained a left ulna fracture secondary to motor vehicle accident on 04/13/11. She complained of left wrist and forearm pain. MRI revealed unstable extensor carpi ulnaris tendon with subluxation and moderate tenosynovitis as well as severe ulnar minus variance. Plain x-rays on 08/30/11 with 3 views of the left forearm revealed a healing fracture with characteristics suggesting nonunion mid shaft of ulna. The radius is intact. The bones are osteopenic.
Examination of the left upper extremity revealed significant tenderness to palpation at mid shaft of ulna with crepitus at this site with supination and pronation of forearm. There is also significant tenderness to palpation over the extensor carpi ulnaris tendon at the ulna side of the wrist. Examination was otherwise unremarkable. Claimant underwent diagnostic injection into the left ECU tendon sheath with complete pain relief within five minutes and no pain with lifting objects after injection. There is no documentation regarding immobilization and/or bone growth stimulator. Official Disability Guidelines recommend open reduction internal fixation (ORIF) as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or open fracture with bone protrusion. Based on the clinical information provided, medical necessity is not established for O/P Left ORIF ulna non-union autograft and steroid injection 25400 20550. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)