



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 09/26/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 25360 Revision of Ulna

Units: 1 Start Date: 08/26/2011 End Date: 08/26/2011

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

Texas Board Certified Orthopedic Spine Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 08/19/2010 through 08/05/2011 and previous utilization review 08/15/2011 and 08/26/2011.
2. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a female who sustained an injury to her left wrist. The clinical note dated 06/03/2011 details the patient presenting clinically for a follow-up of her left wrist. The patient was noted to have returned back to work with full duties despite ongoing complaints of pain and soreness. The patient was wearing a wrist splint. Upon exam, the patient was noted to have a positive EPL and FPL and interossei. Sensation was noted to be intact throughout. Pulses were noted to be 2+. Tenderness was noted over the ulnar snuffbox. The patient's past medical history is significant for status post diagnostic arthroscopy and debridement of the TFCC secondary to fraying and left wrist arthroscopic synovectomy in 2010.

The clinical note dated 08/05/2011 details the patient continuing with complaints of left wrist pain that she rated a 6/10. The incisions from the previous surgery were noted to be well healed without any evidence of infection.

The previous utilization review dated 08/15/2011 details a denial of the same request secondary to no demonstration of distal radicular joint instability or ulnar positive variance. The previous utilization review dated 08/26/2011 details the denial secondary to a lack of evidence regarding the instability or disparity in the length regarding the ulna.

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

The documentation submitted for review elaborates the patient complaining of ongoing left wrist pain despite a previous surgical intervention. Evidence-based guidelines recommend an ulna revision provided the patient's meets specific criteria to include imaging studies confirming the significant clinical findings. No documentation was submitted regarding the patient's imaging studies. No documentation was submitted regarding the patient's instability or significant disparity in length regarding the ulna. Given the lack of documentation regarding the patient's imaging studies confirming the significant clinical findings, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

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

Reference: Official Disability Guidelines, Forearm, Wrist, and Hand Chapter, On-Line 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 post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study. (Shih, 2005)