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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right open volar wrist ligament repair 25320

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

M.D., Board Certified General Surgery

Fellowship: Orthopedic Hand and Upper Extremity 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

Official Disability Guidelines, Chapter: Forearm, Wrist and Hand

Utilization review (appeal) 11/03/11

Utilization review notification of determination 10/26/11

Physical therapy progress notes 02/01/11 through 05/13/11

Pre-authorization request outpatient surgery 10/20/11

Pre-authorization reconsideration request outpatient surgery 10/28/11

Office visit notes 10/29/10 through 10/19/11

Operative report right wrist arthroscopy with dorsal radial carpal ligament debridement 01/04/11

MRI right wrist 08/08/11 and 10/04/10

Office visit notes 06/29/11 through 10/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx. She complains of right wrist pain. MRI of the right wrist on 10/04/10 revealed a complex tear of the triangular fibrocartilage complex, with non-specific small probable cyst with a small amount of reactive edema involving the scaphoid and lunate. On 01/04/11 the claimant underwent right wrist arthroscopy with dorsal radial carpal ligament debridement. She continued to complain of right wrist pain. Repeat MRI on 08/08/11 revealed intrasubstance degeneration of the body of the triangular fibrocartilage; slight volar subluxation of the distal ulna in relation to the radius with dorsal rotation of the ulna; non-visualization of the volar radial ulnar ligament suggesting tearing; dorsal radial ulnar ligament appears to be intact; fraying of the volar aspect of the scapholunate ligament with edema in the adjacent aspect of the lunate and scaphoid bones; no fracture identified. Claimant was seen on 10/19/11 for evaluation of right wrist pain. Examination of the right wrist revealed pain with extremes of motion. There was mild swelling at the wrist joint and mild tenderness to palpation at the wrist joint. There was no evidence of radiocarpal instability, negative Watson's test. Tinel's, Phalen's and Finkelstein's were negative. Strength was 5/5. Sensation was normal. Brachial radialis

reflex was 2+. There were normal distal pulses, two second capillary refill. Claimant was recommended to undergo open volar ligament repair.

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

The clinical records provided for review establishes the medical necessity for right open volar wrist ligament repair. This woman sustained an injury secondary to pushing carts on 08/28/10. She underwent right wrist arthroscopy with dorsal radiocarpal ligament debridement on 01/04/11 after failing conservative care including cortisone injection. She participated in post-operative physical therapy but remained symptomatic. Repeat MRI performed 08/08/11 revealed intrasubstance degeneration of the body of the triangular fibrocartilage, with slight volar subluxation of the distal ulna in relation to the radius with dorsal rotation of the ulna. The non-visualization of the volar radial ulnar ligament suggested a tear, with dorsal radioulnar ligament appearing intact. There was fraying of the volar aspect of the scapholunate ligament with edema in adjacent aspects of the lunate and scaphoid bones. She was treated with medications and physical therapy but remains symptomatic. While the previous reviewers stated that imaging studies did not reveal a ligament tear, the radiology report of 08/08/11 clearly states non-visualization of the volar radioulnar ligament suggests a tear. Based on this study, the reviewer finds that the proposed right open volar wrist ligament repair 25320 is medically necessary for this patient.

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)