

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: December 16, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

CPT Code 25390 – shorten radius or ulna
CPT Code 25000 – tendon sheath INCS; radial styloid

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

M.D., Board Certified in Orthopedic Surgery.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overtured (Disagree)**
- Partially Overtured (Agree in part/Disagree in part)

The requested service, CPT Code 25390 – shorten radius or ulna, is medically necessary for treatment of the patient's medical condition.

The requested service, CPT Code 25000 – tendon sheath INCS; radial styloid, is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 11/17/11.

2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 11/28/11.
3. Notice of Assignment of Independent Review Organization dated 11/28/11.
4. Letter dated 10/27/11 from
5. Clinical notes from the dated 5/18/10, 5/28/10, 6/25/10, 6/29/10, 7/30/10, 8/4/10, 8/25/10, 9/3/10, 10/15/10, 11/12/10, 12/21/10, 4/15/11, 5/18/10, 7/12/11, 8/22/11 and 10/10/11.
6. Progress Reports from dated 8/31/10, 10/14/10 and 11/11/10.
7. Nerve Conduction Studies and Electromyography dated 7/28/11.
8. MRI of the left wrist without contrast dated 5/4/11.
9. Operative Report dated 8/17/10.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured in a work related accident on xx/xx/xx injuring her left wrist. The exact mechanism of injury is unclear, but it was indicated that the patient underwent a wrist arthroscopy secondary to chronic ulnar sided wrist pain at which time significant synovitis and fraying of the triangular fibrocartilage complex (TFCC) and ulnar capsular ligamentous structures was noted. Localized debridement was performed; however the patient has continued to have ulnar sided wrist complaints.

A recent magnetic resonance imaging (MRI) scan from 5/4/11 indicated significant prominent marrow edema with ulnar sided cystic formation related to underlying ulnar carpal abutment syndrome. There was also noted to be a deficit at the TFCC consistent with previous debridement. The patient also had developed radial sided symptoms consistent with de Quervain's tenosynovitis for which it was noted she has tried and failed injections as well as bracing. Conservative measures in regards to the patient's ulnar sided pain have also included therapy, medication management and activity restrictions. The records indicate that she continues to have tenderness localized to the ulnar aspect of the wrist.

At her most recent clinical visit of 10/10/11, it was documented that the patient's symptoms had not improved since prior to surgery. On examination, the provider noted diffuse tenderness with normal sensation and tendinous function. The patient was given a working diagnosis of status post left wrist diagnostic arthroscopy, debridement and synovectomy with continued pain and volar ganglion. Treatment options were discussed with the patient in the form of an ulnar shortening osteotomy for decompression of the ulnar carpal joint as well as a first dorsal compartment release secondary to failed conservative treatment in regards to her de Quervain's tenosynovitis. At issue is whether the requested services, CPT Code 25390 – shorten radius or ulna and CPT Code 25000 – tendon sheath INCS; radial styloid, are medically necessary for treatment of the patient's medical condition.

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

Based on evidence based Official Disability Guidelines (ODG), the proposed treatment is medically necessary as the criteria clearly indicate that ulnar shortening procedures are effective methods for post-traumatic chronic TFCC injuries. Given the patient's failed arthroscopic

debridement and conservative care, this definitive procedure would appear to be medically necessary at this time. Also based on evidence based ODG, surgery in the form of a first dorsal compartment release would be indicated given the patient's failed conservative measures including splinting and injection and continued symptomatic complaints. As noted in the medical literature, de Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of de Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. The majority of patients with de Quervain's will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating de Quervain's tendinitis (Zarin and Ahmad). Traditionally, epicondylitis and de Quervain's tenosynovitis have been viewed as being due to an inflammatory process while newer research suggests that tendons in these conditions exhibit areas of degeneration and a distinct lack of inflammatory cells and should be considered tendinopathies (Ashe, et al).

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 (Shih, et al). A 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 and Lee).

Therefore, I have determined that the requested CPT Code 25390 – shorten radius or ulna is medically necessary for treatment of the patient's medical condition. In addition, I have determined that the requested CPT Code 25000 – tendon sheath INCS; radial styloid is medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)

1. Zarin, M. and Ahmad, I. Surgical treatment of de Quervain's disease. *J Coll Physicians Surg Pak*, 2003 Mar;13(3):157-8.
2. Ashe, M., et al. Tendinopathies in the upper extremity: a paradigm shift. *J Hand Ther*, 2004 Jul-Sep;17(3):329-34.
3. Shih, J. and Lee, H. Functional results post-triangular fibrocartilage complex reconstruction with extensor carpi ulnaris with or without ulnar shortening in chronic distal radioulnar joint instability. *Hand Surg*, 2005;10(2-3):169-76.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)