



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 6/5/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of a left wrist arthroplasty with prosthetic replacement.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a left wrist arthroplasty with prosthetic replacement.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
and MD, PA

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: Cover Letter – 5/25/12; LHL009 – 5/21/12; AR-CMI IRO Summary Letter – 5/25/12; DWC1 – 8/29/11; Associate Incident Log Form – 8/29/11, Job Offer – Temporary Alternative Duty – 8/30/11, Associate Statement – Workers' Compensation – 9/2/11, Workers' Compensation Request for Medical Care – 8/29/11, Job Offer – 4/27/12; Various DWC73s; K Pak, DO Office / Outpatient Visit Notes – 8/29/11, 9/12/11, 10/6/11, 11/8/11, 12/8/11, 1/18/12, 2/8/12, 3/8/12, 4/10/12; PA Office/Outpatient Visit Notes – 4/24/12, 5/17/12; PhyTex Script – 9/12/11, Initial Evaluation – 9/15/11; LOT, CHT Evaluation report – 12/13/11; Encounter / Progress Notes – 1/4/12,

1/9/12, 1/13/12, 1/19/12; Hospital MRI Left Wrist – 3/1/12; MD Progress Notes – 4/3/12, 4/12/12, Request for Authorization – 4/4/12, Request for Reconsideration – 4/16/12; Denial Letters – 4/6/12, 4/23/12; Visit Summary – 3/3/12, Nurse Note / Verbal Order – 3/3/12; and Medical Technology Swanson Titanium Carpal Scaphoid Implant Literature.

Records reviewed from MD, PA: Progress Note – 5/15/12 and Job Injury Registration – xx/xx/xx.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was noted to have sustained direct wrist trauma when a box of furniture fell onto his left wrist. Despite “good” motion, there has been recurrent painful motion, and, pain with attempted lifting activities. Treatment has included medications and a wrist brace. He sustained a navicular fracture which then developed avascular necrosis of the proximal pole. There is navicular tenderness and weakness of grip on the left (dominant) side. There are reported early degenerative changes at the radial-navicular joint, with collapse and ulnar shift, and tenderness right over the carpal navicula. The Attending Physician has discussed various surgical options, including as requested. Denial letter discussed the lack of literature support for the requested arthroplasty.

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

The applicable clinical guidelines and medical literature at large do not support such localized (wrist) bony replacement arthroplasty. Therefore, it would be considered investigational at this time.

Reference: ODG: Arthroplasty, wrist (joint replacement): Not recommended for the wrist. Every effort should be made to preserve the maximum pain-free movement of the joint, and arthroplasty (artificial joint replacement) provides improved stability and earlier motion, but complications are common and include implant fracture, lateral instability of the PIP joint, and, occasionally, synovitis. (Ellis, 1989) (Lourie, 2001) (Edmunds, 1994) Because of long-term deterioration, including an unacceptable revision rate (over 90% requiring a salvage procedure where the prosthesis was removed and an arthrodesis was performed), we currently do not consider the wrist prosthesis to be suitable in patients with rheumatoid arthritis. (Radmer, 2003) With the advent of newer prosthetic designs, total wrist arthroplasty may provide a functional range of motion, better wrist balance, reduced risk of loosening, and better implant stability. Candidates for total wrist arthroplasty might be patients who exhibit far-advanced disease at the wrist and who might be considered as candidates for arthrodesis, but in whom the permanent loss of motion would represent a significant handicap. With bilateral disease, a combination of a total wrist arthroplasty and a contralateral

total wrist fusion may be an option. Numerous implants have been used; however, major complications of implant loosening and wear of the components are common. (Adams, 2004)

**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 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)