

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left wrist fusion

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

M.D., Board Certified Orthopedic surgeon

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

Notice of review outcome initial determination / denial 01/13/12

Notice of reconsideration outcome adverse determination 01/19/12

response to request for IRO 02/07/12

Operative report left wrist proximal roll corpectomy, left wrist removal of retained hardware 09/29/11

Operative report Open Reduction Internal Fixation of left scaphoid, excision of distal posterior interosseous nerve 02/07/11

CT scan left wrist 01/13/11

CT scan left wrist 09/12/11

Functional capacity evaluation 12/19/11

Interpretation of neurodiagnostic test 11/28/11

Orthopedic consultation / evaluation and follow-up notes 09/22/11-02/01/12

Physical therapy progress notes 10/18/11-01/17/12

Designated doctor evaluation 06/23/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured on xx/xx/xx when the hood of a truck fell on his left hand. X-rays were taken and metacarpal fracture was diagnosed. He underwent closed reduction and pinning of fracture of base of 5th metacarpal on 08/24/10. He also underwent surgery for left scaphoid nonunion on 02/07/11, and left wrist proximal roll corpectomy and removal of retained hardware on 09/29/11. He participated in postoperative physical therapy. He underwent electrodiagnostic testing on 11/28/11 which revealed evidence of mild right slightly greater than left median neuropathies, with no evidence of right or left cervical radiculopathies, brachial plexopathies or ulnar neuropathies. He was seen by on 01/04/12 and was noted to have improving range of motion with therapy. He was still in pain. EMG/NCS was noted to reveal mild bilateral carpal tunnel syndrome. Assessment was that the patient was still very symptomatic with pain, limited function/range of motion.

A pre-authorization review performed 01/13/12 rendered initial adverse determination for outpatient left wrist fusion. Per Official Disability Guidelines fusion is recommended in severe post-traumatic arthritis of the wrist. In this case the claimant is status post recent proximal row carpectomy performed for scaphoid non-union. There is documentation of carpal tunnel syndrome but no documentation of treatment for carpal tunnel syndrome. Proximal row carpectomy was performed in 09/11. Reviewer noted it typically takes up to six months for a claimant to improve following this type of surgery. There is no documentation that there is arthritis present in the wrist joint at this point at all.

Proximal row carpectomy is performed to create a new wrist joint between the capitate and the distal radius. It can lead to secondary arthritis in this new joint; however, that takes at least 15 years. Absent any documentation of significant arthritis in the wrist and in particular with untreated carpal tunnel and being only three months status post proximal row carpectomy the request for outpatient left wrist fusion would not be considered medically necessary and appropriate based on the record. A reconsideration request was reviewed on 01/19/12, and adverse determination was rendered. Reviewer noted that the claimant only recently had proximal row carpectomy approximately four months ago with ongoing pain reported. There was no mention of a trial of immobilization by splint or cast.

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

This patient has undergone surgery including open reduction internal fixation of left scaphoid on 02/07/11, and left wrist proximal row carpectomy and removal of retained hardware on 09/29/11. The claimant continues to complain of left wrist pain. No imaging studies were submitted subsequent to the proximal row carpectomy performed in 09/11. Reference is made to left wrist x-rays on 02/01/12, but no radiology report was provided. Per Official Disability Guidelines there should be evidence of six months of conservative care prior to consideration of arthrodesis. The proximal row carpectomy was performed less than six months ago. There is no indication that other conservative measures such as splinting/immobilization have been completed. The reviewer finds no medical necessity for Left wrist fusion.

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)