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Notice of Independent Review Decision

Date notice sent to all parties

September 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL: Arthrodesis/Fusion of Right Wrist with graft 25810

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Electrodiagnostic studies 07/19/11
Clinical evaluation Dr. 08/09/11
Clinical notes Dr.
Procedure note 08/23/11
Clinical evaluation Dr. 09/22/11
Radiographs right hand and wrist 09/22/11 and 10/24/11

Clinical notes Dr. 11/21/11
Occupational therapy note 11/17/11
Clinical note Dr. 12/12/11-08/14/12
Radiographs right wrist 01/25/12
Radiographs and CT right hand and wrist 04/25/12
Occupational therapy note 04/05/12
Prior reviews 08/08/12 and 08/22/12
MRI right wrist 01/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she sustained a fracture of the right wrist. The patient was immobilized in a cast which caused compartment syndrome as well as carpal tunnel symptoms. The patient is status post right carpal tunnel release. The patient was also assessed with Kienbock's disease and radiographs of the right wrist performed in 2011 revealed an osteotomy of the radial aspect of the distal ulna metaphysis extending into the joint space. Patient was referred for post-operative physical therapy to improve range of motion of the right wrist. Radiographs of the right wrist on 01/25/12 revealed widening of the distal radial ulnar joint. No avascular necrosis was identified and there was no widening of the proximal carpal row. MRI of the right wrist dated 01/25/12 revealed post-operative changes consistent with Darrach's procedure with early degenerative changes of the ulna of the ulnar aspect of the lunate and proximal triquetrum. The patient continued to have difficulty with range of motion and did not progress well with physical therapy. CT of the right hand and wrist dated 04/25/12 revealed evidence of a central TFCC perforation with contrast extending into the distal radial ulnar joint. A synovial cyst was noted at the volar aspect of the wrist proximal to the pisiform. There was cartilage loss at the lunate and triquetrum. Clinical evaluation on 08/14/12 stated the patient discontinued physical therapy due to a plateau. Physical examination revealed restricted range of motion of the right wrist with intact sensation. Palpable snapping of the distal radial ulnar joint was present on ulnar deviation. The request for fusion of the right wrist with graft with grafting was denied by utilization review on 04/08/12 as there was no clear indication of scapholunate instability that would support an SST fusion or STT fusion. The request was again denied by utilization review on 08/22/12 as there was no further evidence of instability or severe post-traumatic arthritis.

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

The request for arthrodesis fusion of the right wrist with grafting is not recommended as medically necessary based on the clinical documentation provided for review. The clinical documentation does indicate loss of range of motion of the right wrist with pain and clinical popping on ulnar deviation. CT studies of the right wrist do reveal some chondromalacia of the lunate and

triquetrum along the ulnar surfaces however there is no evidence of any scapholunate instability or severe post-traumatic arthritis that would reasonably require the requested right wrist fusion. Additionally there is limited clinical documentation regarding other methods of conservative treatment such as use of anti-inflammatories or possible injections. Given the lack of objective evidence to support a wrist fusion as indicated by current evidence based guidelines medical necessity would not be established.

IRO REVIEWER REPORT TEMPLATE -WC

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

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

References

Arthrodesis (fusion)

Recommended in severe posttraumatic arthritis of the wrist or thumb or digit after 6 months of conservative therapy. Total wrist arthrodesis is regarded as the most predictable way to relieve the pain of posttraumatic wrist arthritis. Total wrist fusion diminishes pain, but wrist function is sacrificed. Patients may have functional limitations interfering with lifestyle, and total fusion does not always result in complete pain relief. Arthrodesis (fusion) provides a pain-free stable joint with a sacrifice of motion. It may be indicated in young patients in whom heavy loading is likely; in joints with a fixed, painful deformity, instability, or loss of motor; and in the salvage of failed implant arthroplasty. Arthrodesis of the metacarpophalangeal joint of the thumb gives reliable results, with high patient acceptance, but does not result in an entirely normal thumb or hand function. (Wieloch, 2006) (Ellis, 1989) (Lourie, 2001) (Edmunds, 1994) (Adey, 2005) (Rauhaniemi, 2005) (Ghattas, 2005)

Postoperative treatment: Plaster splint for 5 days, then early functional treatment. (Marti, 2006)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).