

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/15/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left wrist diagnostic arthroscopy TFCC tear debridement vs repair/poss ulnotrquetral ligament repair/synvectomy/lysis of adhesions (tenolysis) left extensor carpi ulnaris

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

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)

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

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report dated 06/28/12

Clinical notes dated 07/09/12, 07/30/12, 08/20/12, 09/04/12, 10/15/12, 12/10/12, & 12/19/12

Electrodiagnostic studies dated 01/10/13

Clinical notes dated 01/25/13 & 02/25/13

Functional capacity evaluation dated 03/28/13

Clinical note dated 04/15/13

MR arthrogram of the left wrist dated 05/06/13

Clinical notes dated 06/10/13, 07/22/13, 08/13/13, 08/26/13, 08/27/13, & 09/09/13

Adverse determinations dated 09/03/13 & 09/19/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his left upper extremity. The operative note dated 06/28/12 indicates the patient having undergone a diagnostic arthroscopic synovectomy, ulnar triquetral ligament tear repair, and a 6th dorsal compartment reconstruction. The clinical note dated 07/09/12 indicates the patient presenting for a follow up regarding the diagnostic left wrist arthroscopy. The patient was noted to be utilizing Ibuprofen at that time for pain relief. The clinical note dated 08/20/12 indicates the patient presenting with an intact cast. The patient's motion looked good at that time. The patient

was instructed to initiate formal occupational therapy with a program designed to increase his strength and remaining range of motion at the wrist. The patient was provided with a cock-up splint to wear as well as provided additional protection. The clinical note dated 12/10/12 indicates the patient complaining of muscle spasms at the left wrist. Decreased sensation was noted at the small finger. The patient rated his pain as 6/10 at that time. The patient was noted to have an abundance of scar tissue development which was restricting the tendon sheath and was noted to be the cause of the patient's ongoing symptoms. The patient was prescribed Norco at that time for pain relief. The clinical note dated 12/19/12 indicates the patient continuing with left wrist pain particularly with activities of daily living. Tenderness was also noted upon palpation over the ulnar half of the wrist. The patient was noted to have a positive Tinel's sign. 2 point discrimination in the thumb and index was 3mm, the middle finger 4mm, and the 4th and 5th fingers were noted to be 5mm. The patient continued with wrist range of motion deficits. The clinical note dated 01/25/13 indicates the patient utilizing a brace and was attending occupational therapy at that time. The functional capacity evaluation dated 03/28/13 indicates the patient able to perform at a heavy physical demand level. The clinical note dated 04/15/13 indicates the patient rating his pain as 9/10 throughout the functional capacity evaluation exam. The patient complained of persistent pain and a popping sensation along the distal ulna. The MR arthrogram of the left wrist dated 05/06/13 revealed normal findings at the TFCC. A full thickness perforation of the membranous portion of the scapholunate ligament was noted. Mild extensor carpi ulnaris tenosynovitis was noted. Postoperative changes were noted at the distal ulna. The clinical note dated 06/10/13 indicates the patient having normal electrodiagnostic studies of the left upper extremity. The patient continued with a positive Tinel's sign at the elbow. No instability was noted at the DRUJ. The clinical note dated 08/13/13 indicates the patient utilizing Hydrocodone for ongoing pain relief. The patient continued with left wrist pain. The clinical note dated 08/26/13 indicates the patient continuing with the use of a brace at the left wrist. The patient was recommended for a left wrist diagnostic arthroscopy with a TFCC debridement. The clinical note dated 09/09/13 indicates the patient continuing with pain at the anatomical snuff box.

The previous utilization review dated 09/03/13 resulted in a denial for a surgical repair at the left wrist secondary to an absence of TFCC pathology through objective exam findings or imaging studies.

The previous utilization review dated 09/19/13 for a surgical procedure at the left wrist resulted in a denial as a lack of objective physical findings was noted by clinical exam. Additionally, no independent surgical opinion was provided from a separate hand surgeon.

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

The documentation submitted for review elaborates the patient complaining of left wrist pain. A TFCC repair would be indicated provided the patient meets specific criteria to include specific findings noted by exam indicating TFCC involvement. The submitted imaging studies revealed no significant findings confirming a TFCC involvement. Additionally, no objective data was submitted regarding the patient's findings confirming TFCC involvement. Given this, the request for a surgical intervention involving a TFCC tear is not indicated. As such, it is the opinion of this reviewer that the request for a left wrist diagnostic arthroscopy, TFCC tear debridement versus repair with a possible ulna triquetral ligament repair/synovectomy/lysis of adhesions, tenolysis at the left extensor carpi ulnaris is not recommended as medically necessary.

**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)**