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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ulnar Shortening Lt Wrist Arthroscopy

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

Emergency room report dated xx/xx/xx

Radiographs of the left hand dated xx/xx/xx

Radiographs of the left elbow dated xx/xx/xx

Radiographs of the left forearm dated xx/xx/xx

Radiographs of the left wrist dated xx/xx/xx

Radiographs of the left wrist dated 10/23/12

MRI of the left wrist dated 12/14/12

Clinical notes dated 01/16/13 – 05/08/13

Radiographs of the left wrist dated 01/16/13

Prior reviews dated 05/21/13 & 07/02/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when his hand was caught between 2 metal bars. Radiographs performed on the date of injury demonstrated a minimally displaced fracture of the distal radius through the radial metaphases with 2mm of distraction. No fractures of the ulna or carpal bones were identified and there was no definite extension of the radial carpal joint space. Repeat radiographs of the left wrist completed on 10/23/12 showed a complete non-displaced transverse oriented fracture involving the distal metaphysis of the left radius that was nearly completely healed with callous formation present. There was a subtle incomplete fracture line identified with no new fractures present.

There were mild osteoarthritic changes involving the left carpal metacarpal joint. MRI studies of the left wrist dated 12/14/12 showed increased signal of the lunate consistent with avascular necrosis. There was no tearing within the TFCC complex. The prior distal radial metaphyseal fracture appeared healed. Repeat radiographs of the left wrist completed on 01/16/13 again showed degenerative changes in the radial carpal joint. The patient continued to report pain in the left wrist with associated numbness. The patient was a noted smoker. Injections of the distal radial ulnar joint and left radial carpal joint were performed on 01/16/13. Follow up on 02/13/13 stated that the patient had significant improvement with injections. Physical examination demonstrated positive Tinel's over the left wrist radiating to the thumb. There was a significant increase in grip strength in the left hand versus the right and there was near full range of motion in the left wrist. The patient was recommended for a wrist extension brace to be worn at night. Electrodiagnostic studies were also recommended. Follow up on 05/08/13 stated that the patient continued to report numbness in the left thumb with pain and cramping in the left hand. The patient was compliant with a brace use at night. The patient was still noted to be smoking at 4-5 cigarettes per day and physical examination demonstrated tenderness with left wrist extension. Electrodiagnostic studies were reported as normal and the patient was recommended for a left ulnar shortening osteotomy via arthroscopy.

The request for left ulnar shortening osteotomy was denied by utilization review on 05/21/13 as there was no documentation regarding ongoing physical therapy or self-directed home exercise. There was also no evidence of imaging findings for a TFCC injury that would support left wrist arthroscopy.

The request was again denied by utilization review on 07/02/13 as there was no evidence of a positive ulnar variance on physical examination that would support ulnar shortening procedures.

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

The patient has been followed for complaints of persistent left wrist pain following a distal radial fracture through the radial metaphysis. This fracture has healed and there was imaging evidence consistent with avascular necrosis of the lunate. Based on the patient's physical examination findings, there is no evidence of left wrist instability or positive ulnar variance signs that would reasonably support the proposed ulnar shortening osteotomy or left wrist arthroscopy. MRI studies failed to identify any soft tissue pathology such as a TFCC tear that would reasonably require this surgical intervention. Given the absence of physical examination findings consistent with left wrist instability or any evidence of positive ulnar variance signs, it is this reviewer's opinion that the proposed ulnar shortening osteotomy with left wrist arthroscopy would not be supported as medically necessary per guidelines.

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