

AccuReview

An Independent Review Organization
569 TM West Parkway
West, TX 76691
Phone (254) 640-1738
Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: December 29, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Wrist Sauve-Kapandji Procedure with Extensor Carpi Ulnaris/Flexor Carpi Ulnaris Stabilization (Transfer) if necessary 25830, 25275, 25295

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

This physician is a board certified Hand Surgeon with over 31 years of experience.

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:

12-15-10: Initial Evaluation
01-04-11: Follow-up Visit
01-04-11: Texas Worker's Compensation Work Status Report
02-01-11: Follow-up Visit
02-01-11: Texas Workers' Compensation Work Status Report
02-02-11: MRI of the Cervical Spine w/o contrast
02-08-11: Follow-up Visit
02-08-11: Texas Workers' Compensation Work Status Report
02-11-11: Follow-up Visit at Greater Austin Orthopaedics South
02-11-11: Texas Workers' Compensation Work Status Report
02-24-11: Progress Report at Greater Austin Physical Therapy
02-28-11: Follow-up Visit
03-04-11: Requested Cervical Pillow
03-23-11: Follow-up Visit

03-23-11: Texas Workers' Compensation Work Status Report
03-28-11: MRI Brain w/o contrast
04-01-11: Texas Workers' Compensation Work Status Report
04-29-11: Follow-up Visit
04-29-11: Texas Workers' Compensation Work Status Report
06-01-11: Daily Notes
06-02-11: Progress Report
06-03-11: Follow-up Visit
06-03-11: Texas Workers' Compensation Work Status Report
07-01-11: Follow-up Visit
07-01-11: Progress Report
07-01-11: Texas Workers' Compensation Work Status Report
07-06-11: Daily Notes
08-03-11: Nerve Conduction Studied and Electromyography
08-05-11: Follow-up Visit
08-05-11: Texas Workers' Compensation Work Status Report
08-17-11: Maximum Medical Improvement/Impairment Rating
08-23-11: Follow-up Visit
08-30-11: MR Arthrogram of Left Wrist
09-02-11: Report of Medical Evaluation
09-06-11: Follow-up Visit
09-08-11: Letter of Clarification
10-18-11: Follow-up Visit
11-08-11: Physical Therapy Evaluation
11-08-11: OT Evaluation Summary
11-15-11: Follow-up Visit
11-15-11: Texas Workers' Compensation Work Status Report
01-03-12: Physical Therapy Re-Evaluation
01-05-12: Physician's statement of disability
01-06-12: Discharge Summary: Pain Management Program at Restore Fx
01-24-12: Progress Note
01-24-12: Texas Workers' Compensation Work Status Report
01-27-12: UR performed
02-13-12: Reconsideration letter dictated
02-17-12: UR performed
03-22-12: Operative Report
03-30-12: Progress Note
03-03-12: Texas Workers' Compensation Work Status Report
04-17-12: Progress Note dictated
04-17-12: Texas Workers' Compensation Work Status Report
05-09-12: Progress Note
05-09-12: Texas Workers' Compensation Work Status Report
05-17-12: List of Physical Therapy Visits (05-17-12, 06-05-12, 6-08-12, 06-12-12,
06-15-12, 06-21-12, 06-22-12, 06-26-12, 06-29-12, 07-05-12, 07-06-12, 07-11-12,
07-13-12, 07-16-12, 07-23-12, 07-25-12, 08-03-12, 08-07-12, 08-14-12, 08-21-12,
08-28-12, 09-12-12, 09-19-12, 09-26-12, 10-05-12, 10-10-12, 10-29-12)
05-22-12: Progress Note
05-22-12: Texas Workers' Compensation Work Status Report

06-05-12: PT Note
06-08-12: PT Note
06-12-12: PT Note
06-15-12: PT Note
06-19-12: Progress Note
06-19-12: Texas Workers' Compensation Work Status Report
06-21-12: PT Note
06-22-12: PT Note
06-26-12: PT Note
06-29-12: PT Note
07-05-12: PT Note
07-06-12: PT Note
07-11-12: Progress Report
07-11-12: PT Note
07-13-12: PT Note
07-16-12: PT Note
07-18-12: Recommendation Letter
07-19-12: Progress Note
07-23-12: PT Note
07-25-12: PT Note
07-31-12: Functional Capacity Evaluation
08-03-12: PT Note
08-07-12: PT Note
08-14-12: PT Note
08-21-12: PT Note
08-28-12: PT Note
08-28-12: Progress Report
09-12-12: PT Note
09-19-12: PT Note
09-26-12: PT Note
10-03-12: Progress Note dictated
10-03-12: Texas Workers' Compensation Work Status Report
10-05-12: PT Note
10-10-12: PT Note
10-18-12: MRI Wrist
10-29-12: Discharge Summary
10-29-12: PT Note
10-30-12: Progress Note
10-30-12: Texas Workers' Compensation Work Status Report
11-07-12: UR performed
11-12-12: Texas Workers' Compensation Work Status Report
11-14-12: Progress Note
11-14-12: PT Note
11-14-12: Occupational/Physical Therapy Referral Form
11-14-12: Texas Workers' Compensation Work Status Report
11-16-12: Letter of Appeal
12-05-12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured while working on xx/xx/xx she was opening a cabinet door and the entire cabinet which was 200 pounds plus, fell onto her left upper extremity causing pain throughout her 4th finger and medial wrist and forearm along with pain to her right side of her neck.

12-15-10: Initial Evaluation dictated. Claimant complains of 4th finger pain along with swelling to left upper extremity. PE: Left Hand: Tenderness over the ring finger MC head. Swelling and bruising of dorsal wrist and hand. X-rays are negative. Impression: 842.12 Sprain, MCP joint left ring finger; 729.5 Pain, (NOS) hand (non-joint) (LT) hand.

01-04-11: Follow-up visit. Claimant remained in boxer's splint and stated her pain has continued to improve. She complains of mild wrist pain that radiates up her forearm. Imaging wrist: Left wrist x-ray: 3-4 mm ulnar positive variance. Impression: 842.12 Sprain, MCP joint left ring finger; 729.5 Pain, (NOS) hand (non-joint) (LT) hand; ECU subluxation, mild, Lt wrist. Plan: Referred to occupational therapy and fitted for TFCC strap; lifting restriction to 15 lbs and follow-up in 4 weeks.

08-30-11: MR Arthrogram of the Left Wrist. Impression: 1. MRI findings are highly suspicious for chronic extensor carpi ulnaris subluxation or dislocation with associated tendinopathy. This involves the portion at and distal to the tip of the ulnar styloid process. 2. Septations noted in the contrast pool of the pisiform bursa raise the possibility of synovial inflammation or even an intrabursal ganglion cyst. 3. Abnormal fluid is noted in the distal radioulnar joint, suggestive of degenerative change or sprain. However, the triangular fibrocartilage complex maintains integrity without obvious intrasubstance abnormality.

11-15-11: Follow-up Visit. Claimant presented with left wrist pain with motion that radiates up the arm. Impression: 842.12 Sprain, MCP joint left ring finger; ECU subluxation, mild, L wrist. Plan: Claimant to remain in wrist brace and begin therapy. Re-evaluate in 6 weeks.

03-22-12: Operative Report. Preoperative Diagnosis: Left wrist triangular fibrocartilage complex tear versus ulnar triquetral ligament tear. Postoperative Diagnosis: Left triangular fibrocartilage complex tear (marginal).

03-30-12: Progress Note. Claimant stated she has improved since surgery. PE: Left Upper Extremity: Inspection/Palpation: well healed incision without evidence of infection. Assessment: Left Pain in Joint, Forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.12. Plan: Orders: long arm cast (Q4006) – 842.12, 719.43; long arm (29065) – 842.12, 719.43. Instructions: DOI: xx/xx/xx; ADJ: FAX; Informed claimant what her surgery entailed. Sutures removed and applied short long arm cast. Follow up in 2-3 weeks for exam and cast removal; Disposition: 2-3 weeks.

04-17-12: Progress Note. Claimant presented with complaints of worsening since last visit and moderately severe pain that is sharp in quality and localized over the ulnar wrist. Claimant stated that one week ago she was hold a medicine bottle in her left hand as she was applying pressure onto the lid to open it, began to have a sharp pain that has steadily worsened since that incident. Prior to this she stated she was doing well and her pain was controlled. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Orders: long arm cast (Q4006) – 842.12, 719.43; long arm (29065) – 842.12, 719.43; Ultra sling (L3962). Medications: Feldene Oral Capsule 20 mg PO daily. Instructions: DOI: xx/xx/xx; ADJ: FAX; Informed claimant what her surgery entailed. Claimant's cast was removed and new cast applied today. She is doing well and continues to heal. She was placed in another long arm cast and instructed to avoid any heavy lifting or overuse of her left wrist. She is to take Feldene daily to help with her pain and inflammation. Ultra sling was provided due to regular sling aggravating her neck. Disposition: 3 weeks.

05-09-12: Progress Note. Claimant presented with continued complaints of moderately severe sharp pain localized over the ulnar wrist. She stated that she twisted her arm while sleeping causing an increase of pain and continues to experience residual pain from previous incident. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Orders: Forearm splint (long)/cock-up (L3908 PV) – 842.12, 719.43. Medications: hydrocodone-acetaminophen 5/325 mg 1-2 tablets PO Q4-6hrs PRN pain. Instructions: DOI: xx/xx/xx; ADJ: FAX; Cast removed today. Claimant advised that soreness in normal after cast removal and was placed in a forearm splint. Continue taking Feldene daily to help with her pain and inflammation along with Norco for flare-ups. She is to avoid any heavy lifting or overuse and follow up in 4 weeks. Disposition: RTC in/on 4 weeks +/- 2 days.

05-22-12: Progress Note. Chief complaint: left wrist pain. Claimant stated her symptoms are unchanged and complains of posterior aspect of her forearm to be hypersensitive and has a painful prominence over the distal ulnar just below the incision site. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Medications: Neurontin 300mg Capsule, one capsule PO QHS for 2 weeks, and then 2 capsule PO QHS for 2 weeks. Instructions: DOI: xx/xx/xx; ADJ: FAX; Claimant is doing well yet still has persistent nerve pain in the left forearm for which Neurontin was prescribed. She may continue to wear forearm splint but come out 2-4 hours daily to avoid stiffness. Work restrictions remain same with no use of left arm. Follow up in 4 weeks. Disposition: RTC in/on 4 weeks +/- 2 days.

07-19-12: Progress Note. Chief complaint: Left wrist pain. She complains of left arm and neck pain as well as right hand pain from compensating for her left, continues to have hypersensitivity over the posterior aspect of her forearm with some improvement. Claimant continues OT. PE: Left Upper Extremity: Wrist: ROM: good ROM. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Orders:

FCE & IR (CONST) – 719.43, 842.12. Instructions: DOI: xx/xx/xx; ADJ: FAX; Claimant informed that no further surgical interventions are recommended, therefore we will proceed with FCE to determine any permanent work restrictions as well as impairment rating. Disposition: After outside studies are obtained.

07-31-12: Functional Capacity Evaluation dictated by Casey Hamilton, PT. Diagnosis: 1. Joint pain- forearm. 2. Sprain metacarpophalang. Physical Demand Level: Light.

10-03-12: Progress Note. Chief complaint: left wrist pain. Claimant stated she has worsened since last visit and has continued sharp pain on the ulnar side of the wrist that radiates up the arm into the elbow. PE: Left Upper Extremity: Wrist: ROM: good ROM. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Orders: MRI wrist (w/o contrast) (73221) – 719.43, 842.12. Instructions: DOI: xx/xx/xx; ADJ: FAX; Reviewed FCE and explained to claimant of her assignment of light duty status. Due to continued symptoms, explained further surgical treatment. MRI ordered to further evaluate the integrity of the repair. Recommend to remain in brace. Disposition: Post MRI Study.

10-18-12: MRI Wrist. Impression: 1. A 6mm loculated fluid collection distends the pisiform bursa. This was suspected on the prior MR arthrogram as well, but was obscured by injected contrast. 2. Mild extensor carpi ulnaris tendinopathy is associated with a trace of tenosynovitis. This has decreased in prominence since prior MRI.

10-30-12: Progress Note. Chief complaint: left wrist pain. Claimant reported catching and a day of complete numbness and tingling in her hand that resolved the following day. PE: Left Upper Extremity: Wrist: ROM: good ROM. Assessment: Left pain in joint, forearm 719.43; ECU subluxation, mild, left wrist; Left ring finger MCP sprain 842.13. Plan: Orders: Left wrist (20605) – 719.43, 842.12; Marcaine/Lidocaine (J0670) – 719.43, 842.12. Instructions: DOI: xx/xx/xx; ADJ: FAX; Extensive non-surgical treatment program unsuccessful in curing condition. Recommend Left Sauve-Kapandji procedure. Disposition: 7-10 days post op.

11-07-12: UR. Reason for denial: Based on a review of orthopedic literature as Official Disability Guideline criteria are silent, the role of the proposed procedure cannot be supported. The above-mentioned procedure is indicated in situations involving arthritic radioulnar joints with limitation in motion or in rheumatoid patients with known ulnar translocation. Given the lack of above specific findings, the role of the above mentioned procedure in this case of a claimant with ulnar-sided wrist pain and no radiographic evidence of radioulnar joint dysfunction the proposed procedure cannot be supported as medically necessary or warranted at this time.

12-05-12: UR. Reason for denial: There is documentation of a prior adverse determination for lack of indications for the Sauve-Kapandji procedure such as

arthritic radioulnar joints with limited range of motion and no radiographic evidence of radioulnar joint dysfunction. 11/16/12 appeal letter indicated that the claimant's symptoms have persisted despite arthroscopic TFCC and capsular repair. She currently complains of pain with supination and pronation. A diagnostic injection into the distal radial ulnar joint significantly improved her symptoms. X-rays show that she has ulnar positive variance. recommends the Sauve-Kapandji procedure to essentially neutralize the ulnar positive variance, as well as eliminate pain that is emanating from the radial ulnar joint. Wheeler's Textbook of Orthopaedics states that the Sauve-Kapandji procedure involves resection of a portion of distal ulna shaft and fusion of the ulnar head to the radius; indications include arthritic radioulnar joint with limitation of motion including decreased rotation of forearm. However, the claimant has left wrist good range of motion without limitation and there is still no description or imaging evidence of an arthritic left radial ulnar joint. Recommend non-certification.

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

The previous adverse determination of denial for Suave-Kapandji procedure is upheld and agreed with. The present day definition of a Suave-Kapandji procedure involves the creation of an arthrodesis of the distal radial ulnar joint in association with a proximal pseudoarthrosis of the remaining distal ulnar shaft following a partial resection of its original length. The usual indications for this procedure are: 1. Severe chondromalacia or osteoarthritis of the DRVJ. 2. Post-traumatic ulnocarpal impingement with a distal radioulnar joint arthrosis. 3. Younger aged rheumatoid arthritic patients with ulnar translocations in association with DRVJ disease. 4. Rheumatoid arthritis patients with an unstable DRVJ that is to be utilized as support for a proposed arthroplasty or implant. This particular claimant does not appear to conform to any if these criteria. Based on my medical expertise and the medical records and documentation received and reviewed, there is no clear evidence at this point in time that a resection of the distal ulnar or fusion of the DRVJ would alleviate the claimant's symptomatology. Therefore, the request for Left Wrist Sauve-Kapandji Procedure with Extensor Carpi Ulnaris/Flexor Carpi Ulnaris Stabilization (Transfer) if necessary 25830, 25275, 25295 is not medically necessary and is denied.

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)**