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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right wrist diagnostic arthroscopy ulnotriquetral ligament repair vs. debridement; triangular fibro cartilage complex repair vs. debridement/synovectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified General Surgery; Fellowship trained 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. It is the opinion of the reviewer that the right wrist diagnostic arthroscopy would be medically necessary, the requests for ulnotriquetral ligament repair vs. debridement; triangular fibro cartilage complex repair vs. debridement/synovectomy are not indicated and the denials are upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 12/27/12 – 01/28/13
Clinical reports dated 03/11/13 – 04/15/13
MR arthrogram of the right wrist dated 03/28/13
Appeal letter dated 04/24/13
Prior reviews dated 04/22/13 & 05/02/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx at the right wrist. The patient indicated her mechanism of injury subsequently turned into right hand and wrist pain. The patient was initially treated with over the counter anti-inflammatories and provided a Colles splint. The patient did report some relief of symptoms with over the counter medications. The patient was seen on 03/11/13 for persistent pain in the right ulnar wrist. Medications at this visit included Tramadol and Ibuprofen without significant improvement. The patient's physical examination demonstrated clicking with ulnar deviation and circumduction. No distal radial ulnar joint instability was present and there was mild tenderness over the ulnar snuff box. Minimal tenderness over the extensor carpi ulnaris was noted. Radiographs were reported as negative for fractures. MR arthrogram studies of the right wrist were performed on 03/28/13 which demonstrated possible pre-styloid and pisiform bursitis with mild to moderate degenerative changes suspected at the intercarpal and radial carpal articulations. A normal TFCC was present with no full thickness tears identified. Additionally, no tears of the proximal radial intercarpal ligaments were noted. Follow up on 04/15/13 stated the patient has had improvements in symptoms with bracing of the right wrist.

Physical examination continued to show ulnar snuff box tenderness to palpation with clicking on ulnar deviation and circumduction. felt the patient had a probable ulnar triquetral tear versus a TFCC tear.

The request for right wrist diagnostic arthroscopy with ulnar triquetral ligament repair versus debridement of the TFCC complex versus debridement and synovectomy was modified for approval of a right wrist diagnostic arthroscopy only. No other procedures were approved due to the lack of imaging evidence establishing the presence of a TFCC tear. was in agreement regarding the diagnostic arthroscopy request.

The request was again denied by utilization review on 05/02/13 as imaging studies were negative for TFCC or ulnar triquetral ligament findings. The reviewer felt the diagnostic arthroscopy was reasonable in this case.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has reported persistent right wrist pain despite conservative treatment including medication management, splinting, and activity modifications. Imaging studies including a MR arthrogram of the right wrist identified some degenerative changes with suspicions regarding bursitis in the right wrist. No TFCC or ligamentum pathology was identified. Although the patient has had persistent pain in the right wrist despite conservative treatment, it is this reviewer's opinion that the requested ulnar triquetral ligament repair, TFCC complex repair, and debridement synovectomy is not medically necessary due to the negative imaging findings. The patient is continued to be symptomatic and imaging studies are non-diagnostic in regards to identifying pathology that reasonably explains the patient's current complaints. As such, it is the opinion of the reviewer that the right wrist diagnostic arthroscopy would be medically necessary, the requests for ulnotriquetral ligament repair vs. debridement; triangular fibro cartilage complex repair vs. debridement/synovectomy are not indicated and the denials are upheld.

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 KNOWLEDGBASE

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)