

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: April 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

With X-Stop or Mitek Suture and CTS Release including PRP Injection, Lt Wrist Exploration and Repair of the TFCC Tear, Repair of Scapholunate

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

This physician is Board Certified Orthopaedic Surgeon with over 15 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he slipped and fell with an outstretched hand. The claimant was diagnosed with left wrist strain/sprain, left wrist TFC tear and left wrist carpal tunnel syndrome.

10-19-12: MRI Left Wrist without Contrast. Impression: 1. There is full thickness tear defect of the ulnar aspect of the triangular fibrocartilage complex with prominent fluid at the ulnar aspect of the radiocarpal joint and small amount of fluid in the distal radioulnar joint. 2. There is nonspecific subchondral cystic change of the proximal lunate measuring 3 mm diameter with no fragmentation of the bone to suggest avascular necrosis. The findings are too discrete to suggest

a bone contusion and there is no ulnar plus variant suggest ulnolunate abutment syndrome. 3. No additional findings are demonstrated.

09-04-13: New Patient Consult. Chief complaint: difficulty using extremity, limitation of motion across the wrist, pain and swelling from injury on 8/15/12. Current medication: naproxen 500mg, Tramadol hcl and acetaminophen 37.5/325mg, Lyrica 75mg. PE: Musculoskeletal: wrist: left wrist/hand examination: Inspection of the left extensor compartment/ECU demonstrates minimal swelling. Palpation of the left extensor compartment/ECU demonstrates moderate tenderness. Left wrist ROM shows normal ulnar deviation with pain. Impression: ECU tendinitis wrist left and TFCC tear wrist left. Discussion & Recommendation: Recommend PT/OT, HEP, corticosteroid injection and brace – thumb spica. Orders: hand and upper extremity therapy will include evaluation/treatment.

09-11-13: Follow Up Note dictated. Claimant is up-to-date for consideration of a cortisone injection into the ECU tendon sheath of left wrist, this was done. When examined about 15 minutes afterwards, his symptoms are much improved, stated 80% better. Further examination revealed no tenderness of the TFCC area but no pain on ulnar deviation or with forced supination and palmar flexion. There was no further tenderness at the distal ECU. Advised with regard to rebound pain, continue wrist bracing and activity modification. Review in 4 weeks.

09-23-13: Re-evaluation Summary. Current status: Claimant reported that his ROM has improved however still having some difficulty lifting, grasping and carrying objects while around house and in community. He stated his strength has improved but he needs to be able to lift and carry, push/pull at work. DASH: overall symptom score: 60%. Assessment: Claimant has completed the current order with 12/12 treatment sessions attended. Upon today's assessment, claimant showed mild improvement in LUE ROM and MM strength testing. He continued to present with functional ROM deficits and strength along with lack of endurance to maintain job related activities. HE will continue to benefit from a skilled PT program to address these deficits Plan/Recommendation: Continue with skilled PT 3x/week for 4 weeks to address functional strength to LUE in order to return to work without restriction.

11-22-13: Initial Office Visit. Claimant stated his pain to left wrist is 6/10 with pain medication and he has limited ROM, trouble with flexion, extension with popping, and numbness and tingling to the first 3 digits of the left hand. He stated he feels a sharp pain that radiates to his left forearm, numbness to his left hand and left hand digits; he is taking naproxen for pain PRN. PE: Positive Tinel's and Phalen's test with numbness to the thumb, index and long fingers. Pain to palpation over the entire wrist joint line over the radial carpal intersection and ulnar carpal intersection at 6/10, painful to palpation at 8/10 with moderate to severe point tenderness over the scaphoid lunate and carpal intersection. ROM: flexion 60 degrees; extension: 60 degrees; pronation and supination: 90 degrees; radial and ulnar deviation: 15 degrees. ALL ROM with increased pain to the entire wrist with popping sensation, weak left hand grip strength, moderately decreased

sensation to light touch at the left hand thumb, index, and long finger and slightly decreased sensation to the left hand ring and little finger. Assessment: Left wrist strain/sprain, left wrist TFC tear, left wrist CTS. Plan: Reviewed MRI with claimant and suggested conservative treatment with physical medicine, not surgery at this time. Re-evaluate in 3 weeks to check for improvements. Order: recommend physical medicine, claimant is not a surgical candidate at this time.

11-27-13: MRI LT Wrist W/O. Impression: The examination is compared to the prior 10/19/12 examination. The images on the left are from the prior 10/19/12 examination. The images on the right are from the current examination. The predominant pathological finding is a post-traumatic articular cartilage-subchondral and medullary injury of the medial proximal and more dorsal than anterior lunate with minor subchondral changes of the lateral proximal triquetrum bone. The post-traumatic region is still defined but overall is mildly to moderately lesser in size and lesser in distinction. There is no collapse or overt alteration of the configuration of the lunate. The much more subtle findings of the triquetrum are virtually identical. There is a minimal joint effusion seen in the radial carpal joint, decreased from the mild radial carpal joint effusion seen previously.

12-27-13: Follow-up Visit. Chief complaint: left wrist pain. Subjective: Claimant stated he continued with pain to left wrist, 8/10 currently and at worst 10/10 with lifting anything or making a closed fist, with numbness in wrist and all digits, continued popping and inflammation to the left wrist and forearm. The pain is worst in the morning. Objective: Left Wrist: pain to palpation over the dorsum and entire joint line especially over the radial carpal intersection and ulnar carpal intersection at 7/10. Tenderness over the scaphoid lunate and carpal intersection. ROM: flexion 45 degrees, extension: 40 degrees, pronation and supination: 60 degrees, radial and ulnar deviation: 20 degrees. ROM noted popping especially on flexion-extension. Decreased grip strength by 60% to the left wrist when compared to the right, decreased sensation to light touch at the left hand thumb, index and long finger and slightly decreased sensation to the left hand ring and little finger. Positive Tinel's and Phalen's test with numbness to the thumb, index and long fingers. Assessment: left wrist strain/sprain, left wrist TFCC tear, left wrist scapholunate tear, left wrist carpal tunnel syndrome. Plan: recommend left wrist exploration and repair of TFCC tear, repair of scapholunate tear with x-stop or mitek suture, and CTS release including PRP injection.

01-28-14: UR. Reason for denial: Although the claimant has persistent left wrist pain, there is no evidence of scapholunate tear and triangular fibrocartilage tear in the recent MRI of the left wrist. AS for the requested carpal tunnel release, an electrodiagnostic study for the left upper extremity showing evidence of CTS was not submitted for review. As for the requested PRP injection, the referenced guidelines state that PRP looks promising, but it may not be ready for prime time. It was noted that there was no difference in pain relief or in function. As such, the medical necessity of this request for left wrist exploration and repair of TFCC tear, repair of scapholunate tear with X-Stop or Mitek Suture, and carpal tunnel syndrome release including PRP injection has not been sustained.

02-26-14: UR. Reason for denial: Surgery has been recommended. It was denied because there was no evidence of scapholunate tear and triangular fibrocartilage tear in the recent MRI of the left wrist. There was no electrodiagnostic study of the left upper extremity showing evidence of Carpal Tunnel Syndrome. As for the requested PRP injection, the referenced guidelines state the PRP looks promising, but it may not be ready for prime time. The decision is being appealed. The records document positive clinical and imaging findings that support the request for surgery of the repair of the TFCC tear. However, as to the carpal tunnel release, an electrodiagnostic study of the left upper extremity showing evidence of carpal tunnel syndrome is still not provided. Moreover, a PRP injection to the wrist is not recommended by the referenced guideline. In agreement with the previous determination, the medical necessity of the request has not been sustained.

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

The previous adverse determinations are upheld and agreed upon. The proposed surgery is not indicated for this claimant. An EMG/NC study is required to confirm the diagnosis of carpal tunnel syndrome before considering surgery for this condition. This claimant should not have a carpal tunnel release without electrodiagnostic evidence of carpal tunnel syndrome. Secondly, the Official Disability Guidelines (ODG) does not support PRP injections in the forearm, wrist or hand. Furthermore, no injuries to the TFCC or scapholunate ligament were identified in the most recent MRI, dated 11/27/213. Therefore, surgery is not recommended for this claimant at the present time. After reviewing the medical records and documentation provided, the request for With X-Stop or Mitek Suture and CTS Release including PRP Injection, Lt Wrist Exploration and Repair of the TFCC Tear, Repair of Scapholunate is non-certified.

Per ODG:

Traumatic CTS	Under study. The acute traumatic form of carpal tunnel syndrome is the less common presentation. Median nerve release may be performed in an emergency. As with repetitive motion CTS, outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases. Nevertheless, surgery should not be performed until the diagnosis of CTS is made by history, physical examination and possible electrodiagnostic studies. () () () () There is a high incidence of traumatic carpal tunnel syndrome occurring in the major traumatic dystrophy type of reflex sympathetic dystrophy; see the Pain chapter.
Carpal tunnel release surgery (CTR)	<p>ODG Indications for Surgery™ -- Carpal Tunnel Release:</p> <p>I. <u>Severe CTS</u>, requiring ALL of the following:</p> <p>A. Symptoms/findings of severe CTS, requiring ALL of the following:</p> <ol style="list-style-type: none"> 1. Muscle atrophy, severe weakness of thenar muscles 2. 2-point discrimination test > 6 mm <p>B. Positive electrodiagnostic testing</p> <p>--- OR ---</p> <p>II. <u>Not severe CTS</u>, requiring ALL of the following:</p> <p>A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:</p> <ol style="list-style-type: none"> 1. Abnormal Katz hand diagram scores 2. Nocturnal symptoms 3. Flick sign (shaking hand) <p>B. Findings by physical exam, requiring TWO of the following:</p>

	<ol style="list-style-type: none"> 1. Compression test 2. Semmes-Weinstein monofilament test 3. Phalen sign 4. Tinel's sign 5. Decreased 2-point discrimination 6. Mild thenar weakness (thumb abduction) <p>C. Comorbidities: no current pregnancy</p> <p>D. Initial conservative treatment, requiring THREE of the following:</p> <ol style="list-style-type: none"> 1. Activity modification >= 1 month 2. Night wrist splint >= 1 month 3. Nonprescription analgesia (i.e., acetaminophen) 4. Home exercise training (provided by physician, healthcare provider or therapist) 5. Successful initial outcome from corticosteroid injection trial (optional). <p>See . [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.]</p> <p>E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results] (.)</p>
Platelet-rich plasma (PRP)	<u>Not recommended. There are no published studies for the forearm, wrist, and hand. See other ODG chapters where there has been published evidence, including the . , the Back , the . , and the . .</u>
Triangular fibrocartilage complex (TFCC) reconstruction	<u>Recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. (.) (.) Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study. (.)</u>

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)