

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Date notice sent to all parties: January 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29846 Excision/Repair/Debridement Triangular Fibro

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

Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:

Clinical notes 05/08/13
Clinical notes 06/25/13
Clinical notes 07/03/13
MRI left wrist 07/17/13
Clinical note 07/24/13
Clinical notes 09/11/13
Clinical notes 10/09/13
Clinical notes 11/12/13
Clinical notes 11/27/13
Clinical notes 12/27/13

Clinical notes 01/09/14

Clinical notes Adverse determination 11/19/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her left wrist. Clinical note dated 06/25/13 indicated the patient having ongoing complaints of left wrist pain from an unknown origin. The patient stated that pain increased suddenly at both wrists with rotation. The location of pain was at the ulnar side. The patient utilized splints. Clinical note dated 07/03/13 indicated the patient continuing with progressive symptomology. The patient stated the pain was occasional but worse with movements. The patient was recommended for MRI at this time. MRI of the left wrist dated 07/17/13 revealed essentially normal findings. MRI of the right wrist revealed negative findings for any pathology. Clinical note dated 07/24/13 mentioned the patient rating the pain as 5/10. The patient was provided with bilateral wrist injections at this time. Clinical note dated 09/11/13 mentioned the patient utilizing ibuprofen. Clinical note dated 10/09/13 mentioned the patient continuing with the use of a brace at both wrists. The patient noted an occasional popping sensation at the wrists specifically with pronation and supination. The patient also had positive grind test at the TFCC. Clinical note dated 11/12/13 mentioned the patient having 7/10 pain at the left wrist. The patient was recommended for arthroscopic procedure. Clinical note dated 11/27/13 indicated the patient undergoing a full course of therapy. Clinical note dated 12/27/13 indicated the patient continuing with progressive symptoms of the left wrist. The patient was provided with an injection of Celestone and lidocaine. Clinical note dated 01/09/14 mentioned the patient continuing with left wrist pain. Range of motion was decreased throughout the wrist secondary to pain. The patient continued to be recommended for TFCC debridement at the left wrist. Utilization review dated 11/19/13 resulted in a denial for TFCC debridement as the MRI findings revealed no evidence of TFCC pathology. No information was submitted regarding full exhaustion of conservative treatment.

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

The clinical documentation submitted for review notes the patient complaining of left wrist pain with associated tenderness. TFCC debridement would be indicated provided that the patient meets specific criteria, including significant findings indicating ulnar sided wrist pain and provocative testing indicates instability. Clinical notes indicate the patient showing significant functional deficits at the left wrist. Additionally, the patient is noted to have specific complaints of ulnar sided wrist pain. Given these findings, this request is reasonable. As such, it is the opinion of this reviewer that the request for an excision/repair/debridement of the triangular fibrocartilage is recommended as medically necessary.

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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

Triangular fibrocartilage complex (TFCC) reconstruction

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. (Corso, 1997)

(Shih, 2000) 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. (Shih, 2005)