

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/26/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Wrist Open Capsulodesis, Dorsal Capsular Repair with Synovectomy/Capsulotomy/Reduction

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

Board Certified Plastic Surgeon

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. No specific mechanism of injury was noted. The patient is noted to have had a prior right DeQuervain's 1st dorsal compartment release with interosseous denervation as well as exploration of the ulnar sensory branch and overwrapping and debridement of scar tissue performed on 12/18/13. Follow up on 02/04/14 noted continuing complaints of sensory loss in the ulnar nerve distribution of the right hand with associated swelling. The patient also described radiating pain through the radial nerve distribution. Medications have included the use of anti-inflammatories, oral steroids, as well as analgesics for pain. On physical examination, there was tenderness to palpation present in the dorsal posterior wrist as well as the anterior volar wrist. There was tenderness over the branch of the ulnar sensory branch and at the arthroscopic portals of the right wrist. Tenderness to palpation over the TFCC and lunate was present. Mild swelling was also present circumferentially in the right wrist. A positive Tinel's sign was noted over the dorsal ulnar sensory nerve. Radiographs were reported to show no evidence of osteoarthritis or evidence of osteoarthritis or evidence of fractures. The scapholunate angle appeared normal with no static instability identified. The patient did have a right wrist arthrogram completed on 03/03/14. The study noted TFCC tearing small in nature at the radial attachment. Postoperative changes were noted along the ulnar aspect of the right wrist. No clear disruption of the extensor or flexor tendons was identified. A repeat MR arthrogram of the right wrist on 03/20/14 noted progressive bone marrow edema in the

radial styloid without association of fracture or bone destruction. This finding was possibly consistent with a reinjury of the wrist and bone marrow contusion. It was unlikely that this finding was related to chondromalacia. There was a small amount of distal radial ulnar joint effusion. Perforation of the TFCC articular disc was suspected and there was mild tendinopathy of the extensor carpi ulnaris tendon. Follow up on 03/25/14 with Dr. indicated the patient's symptoms were unchanged in the right wrist with decreased pain noted over the ulnar sensory branch. The patient continued to describe pain at the 1st dorsal compartment or pain with any loading of the wrist on extension. Physical examination findings were essentially unchanged. Recommendations were for right wrist open capsulorrhaphy.

The requested procedures were denied by utilization review on 04/14/14 as there was insufficient evidence to support repeat surgery for the right wrist. There was no evidence of instability on radiographs.

The request was again denied by utilization review on 05/08/14 as there was again no evidence of instability that was supported by clinical exams or dynamic radiographs as well as no clear documentation of functional benefits that would be improved with surgical intervention.

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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has been followed for persistent right wrist pain following an initial DeQuervain's 1st dorsal compartment release completed in December of 2013. Other than medications for the patient, no specific conservative treatment was documented in the clinical records. It is unclear whether the patient failed to improve with any rehabilitation including a home exercise program, formal physical therapy, or occupational therapy. MR arthrogram studies of the right wrist did note tearing of the articular disc at the TFCC; however, there is no clear evidence of instability on physical examination or on radiographs. The patient was recommended for surgical intervention due to persistent pain; however, the most recent clinical reports did not clearly identify any functional benefits that would be obtained with further surgical intervention. Given the lack of any clear evidence regarding instability in the right wrist that would support further surgical intervention, it is this reviewer's opinion that medical necessity in this case has not been established and the prior denials are upheld.

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