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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Carpectomy (1 Bone)

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

Board Certified General 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. Prior conservative treatment included multiple steroid injections for osteoarthritis which provided temporary benefits. Medications for pain included hydrocodone. MRI of the right upper extremity on 10/30/13 noted mild osteoarthritis at the first carpometacarpal joint. Carpal alignment was normal. An accessory ossicle was noted along the dorsal aspect of the triquetrum and hamate measuring approximately 4mm suggestive of os ulnare externum. No significant effusion within the right wrist was present. There was some subluxation of the extensor carpi ulnaris tendon however no evidence of tear or tenosynovitis was noted. Due to the responsive injections recommended more than one steroid injection for the right wrist. As of 04/29/14 the patient continued to have persistent pain in the right wrist at the pisiform and triquetrum. The patient continued to utilize hydrocodone up to two per day for pain. The patient continued to report tenderness to tenderness over the volar radial capsule and at the thumb. indicated that there was mild laxity slightly increased in the bilateral thumbs. The patient reported two to three weeks of relief only with steroid injections. The patient was given an additional steroid injection at this evaluation for palliative pain relief. Recommendations were for excision of the pisiform. The requested carpectomy at the pisiform was denied by utilization review on 03/13/14 as there was no imaging of the right wrist without evidence of significant pathology to support surgical intervention. The request was again denied by utilization review on 04/23/14 as there was no evidence of osteoarthritis for joint space narrowing on reported

radiographs or evidence of chronic tendinosis of the FCU which had been effectively ruled out.

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

The patient was followed for ongoing complaints of right wrist pain that only had temporary response to steroid injections. The patient continued to utilize hydrocodone for pain for continuing right wrist pain. The most recent physical examination findings noted tenderness along the volar radio capsule with some reported laxity at the basal joint. Radiographs reportedly showed no substantial findings for pathology. In review of the MRI of the right wrist on 10/13 there was some mild evidence there was evidence of some mild carpal metacarpal osteoarthritis with a 4mm ossicle at the triquetrum and hamate. There was no indication that these findings were contributing to any significant symptoms for the patient. There was some subluxation of the extensor carpi ulnaris tendon however no tears were appreciated. Given the absence of any explanatory imaging findings at the pisiform to support excision the clinical documentation does not meet the clinical literature recommendations regarding carpectomy. Therefore it is the opinion of this reviewer that medical necessity for the request is not 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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

S.W. Wolfe, et.al. Green's Operative Hand Surgery, 6th ed. 2011.