

CASEREVIEW

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic Evaluation Right Wrist, Triangular Fibrocartilage Complex with Repair or Debridement.

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

This physician is a Board Certified Surgeon with over 12 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on XX/XX/XX while carrying a heavy X pan. The pan was heavier than she thought and her right wrist hypersupinated and she felt a pop and immediate pain over the TFCC. She was originally seen by a doctor and the who referred her to.

On January 13, 2015, the claimant presented with right wrist soreness. On physical examination there was pain over the triangular fibrocartilage complex and over the extensor carpi ulnaris. There was no subluxing of the ECU. Pinwheel and pinprick were in intact. Watson maneuver was negative. Reagan ballottement sign showed just a little soreness. X-rays were normal. Diagnosis: Wrist Sprain and other tenosynovitis of hand and wrist. Recommendations: Brace and antiinflammatories, possible MRI.

On February 2, 2015, MRI of the Right Wrist, Impression: Normal marrow signal. No joint effusion. Normal intrinsic scapholunate and lunotriquetral ligaments. Intact triangular cartilage. Normal carpal tunnel and carpal alignment. Small ganglion.

On February 19, 2015, the claimant presented with chief complaint of a ganglion cyst. reported a 5x8 mm, well-delineated ganglion in the triquetrolunate pisiform area. On physical examination there was pain to the ulnar side of the wrist. The pain was right next to the triangular fibrocartilage complex, just distally over the triquetrum, lunate, and pisiform areas. Procedure: Injection into the area of the cyst with Xylocaine and dexamethasone. Recommendations: Continue with the splint and re-eval in 6 weeks.

On April 2, 2015, the claimant presented with complaint of a right wrist ulnar-side ganglia. On physical

examination there was tenderness over the ulnar side of the wrist. The distal radioulnar joint was stable but a little bit tender. The extensor carpi ulnaris had good gliding but was tender. Pinwheel and pinprick were intact. Recommendations: Proceed with arthroscopic evaluation and removal of ganglion, open or arthroscopic.

On September 17, 2015, the claimant presented with ulnar sided wrist pain. reported that he looked on her films and there was some fluid around the triangular fibrocartilage complex and perhaps a little perforation that the radiologist did not see and a little ganglion coming from that part of the joint. He stated they had exhausted all of the conservative measures. On physical examination the right wrist was tender over the triangular fibrocartilage complex and there was a little thickening over the distal radioulnar joint. Recommendations: Diagnostic scope.

On October 2, 2015, UR. Rationale for Denial: Per guideline an arthroscope is a tool like a camera that allows the physician to see the inside of a joint and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. The patient was diagnosed with a wrist sprain. Prior treatment included rest, medications, splinting, injections, and activity modifications. The MRI report provided for review indicated no joint effusion, normal intrinsic scapholunate and lunotriquetral real ligaments, and intact triangular cartilage with a small ganglion. There is not imaging evidence of triangular fibrocartilage complex (TFCC) pathology. Therefore, the request is not medically necessary and appropriate.

On October 13, 2015, the claimant presented with continued pain. indicated that she had responded well to the injection she had received and her pain went away for a few weeks. On physical examination, there was pain over the distal radioulnar joint and pain with supination and stress at the distal radioulnar joint. There was a little pop in that region as well. Triquetrolunate was stable and scapholunate was stable. Recommendations: stated that clinically, she appears to have a TFCC tear and has the mechanism of injury as well. She did have a positive response to the injection. Therefore, she would be a good candidate for a diagnostic scope.

On November 9, 2015, UR. Rationale for Denial: There is inadequate4 documentation of pathology in the triangular fibrocartilage complex to support the medical necessity for the requested surgery. The Guidelines would not support surgery without objective documentation of a triangular fibrocartilage complex injury or tear to support the necessity of repair. The request for arthroscopic evaluation of the right wrist with triangular fibrocartilage complex with repair or debridement is not certified.

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

The request for arthroscopic evaluation of the right wrist with repair or debridement of triangular fibrocartilage complex (TFCC) is denied. The claimant currently has ulnar sided wrist pain. Her wrist MRI demonstrates no evidence of TFCC tear or ligament injuries. This study does not indicate any pathology in the TFCC that requires debridement or repair. The proposed arthroscopic procedure is not medically necessary based on the wrist MRI.

PER ODG:	
Diagnostic arthroscopy	Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis and persistent severe pain at 4 to 12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. (Adolfsson, 2004)

Surgery for ganglion cysts	Recommended as an option when a cause of pain, interference with activity, nerve compression and/or ulceration of the mucous cysts. (Singhal, 2005) (Nielsen, 2007)
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)

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)