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Notice of Independent Review Decision

Date notice sent to all parties: 12/30/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Incision of the extensor tendon sheath with diagnostic arthroscopy of the right wrist with excision/repair of the triangular fibrocartilage/joint debridement

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

Board Certified in Orthopedic Surgery
Member of the American Academy of Orthopedic Surgeons
Member of the American Society for Surgery of the Hand

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 of the health care services in dispute.

Incision of the extensor tendon sheath with diagnostic arthroscopy of the right wrist with excision/repair of the triangular fibrocartilage/joint debridement - Overturned

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on 07/21/14. She was injured on xx/xx/xx when she injured the right wrist. She had re-developed pain in the right wrist, as severe as previously. Repeat x-rays were noted to show no fracture. She was unchanged since her last visit and was wearing the brace off and on. She was taking Motrin and typing was still difficult. She also had difficulty writing due to wrist pain and she now had thumb pain. She was taking Naproxen, Metformin, and Lovastatin. She was 66 inches tall and weighed 160 pounds. The right wrist was tender over the carpal tunnel and Tinel's was negative. Her neurological exam was non-focal. The assessment was carpal tunnel syndrome of the right wrist. An EMG/NCV study was recommended. performed an EMG/NCV study of the right upper extremity only on 08/05/14. It revealed the right median and ulnar nerve conduction studies were normal. noted the normal EMG/NCV study on 08/21/14. She was noted to have a medical history for diabetes and high cholesterol. She was now taking Naproxen, Metformin, Lovastatin, Prozac, and Glipizide. Her neurological exam was still non-focal. Her right wrist was tender in the base of the thumb and over the distal radius. She had pain with flexion and extension. The assessment was now a wrist strain. An MRI of the wrist was recommended and noted she might need a referral to a hand specialist. An MRI of the right wrist was obtained on 08/29/14. There was noted to be no abnormality apparent in the region of clinical concern as marked on the patient and there was a small partial thickness tear of the DRUJ margin of the triangular fibrocartilage suspected. noted given the radial symptoms, it was uncertain if this was of clinical significance. On 09/03/14, referred the patient. examined the patient on 09/22/14. She had continued pain in two areas, pain along the radial border of the wrist and in the area of the distal radial ulnar joint. The negative EMG/NCV study was noted. She had also received an injection at some point that helped for several weeks. noted the MRI showed a central TFCC perforation. In the past medical history, it was noted she had no history of significant medical diseases, although she was a diabetic and had high cholesterol. She had tenderness along the first dorsal compartment and a positive Finkelstein's. Watson's testing was negative. She had tenderness with ballottement of the DRUJ. Loading the wrist re-created her pain and strength was decreased on the right when compared to the left. The impressions were a right wrist TFCC tear and de Quervain's tenosynovitis. felt the patient had maximized conservative treatment at that point and recommended release of the fist dorsal compartment and wrist arthroscopy with debridement or repair of the TFCC. discussed with the patient due to the fact that she might need reconstruction of the TFCC/DRUJ. The patient wished to proceed with surgery. She was placed on work restrictions. provided a preauthorization request on 09/24/14 for the right wrist surgery. provided an adverse determination for the requested right wrist surgery. provided a request for reconsideration on 10/15/14. It was noted she had been wearing a wrist splint since being seen initially the ER on 07/19/14. She had been wearing a thumb spica splint since 07/24/13. She received a Kenalog injection into the first dorsal compartment on 08/27/13. The EMG/NCV study and MRI were noted, as well. Mr. noted the patient originally

reported injuring her right wrist on xx/xx/xx and stating she felt a pop, which was felt to be consistent with a fibrocartilage injury and noted she had positive findings on the examination. asked that direct visualization by arthroscopy of the right wrist and repair, if indicated, of the likely TFCC injury, along with authorizing the requested de Quervain's release be allowed. provided another adverse determination for the requested right wrist surgery. The patient provided a request for an IRO on 11/13/14.

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

There is documentation in the reviewed medical records of right wrist pain. The patient was treated conservatively with splinting and Motrin and Naproxen. In the note of 08/21/14, there is documentation of tenderness in the right wrist, in the base of the thumb, and over the distal radius, as well as pain with flexion and extension. An MRI of the right wrist on 08/29/14 reported a "suspected tear" of the TFCC of the distal-radio-ulnar joint margin. There is documentation of persistent right wrist complaints since approximately xx/xx/xx. This persistence justifies the application of the ODG/Treatment in Workers' Compensation, evidence based protocols.

It should be noted that the procedure relating to the wrist arthroscopy should be termed as a diagnostic and therapeutic procedure since the preoperative diagnosis is not specific and has not been validated. However, because of the persistent symptoms and the "suspected" item in the report of the right wrist MRI study, the surgery of the wrist is reasonable and medically necessary. During such a procedure, the surgeon would be expected to identify and treat specific abnormal conditions in the wrist. The procedure relating to the diagnosis of de Quervain's tenosynovitis is correctly listed, since that diagnosis has been confirmed clinically, based both on physical examination and based on the response to the medical services (anti-inflammatory medications both orally and by injection).

Per the ODG, relating to surgery for de Quervain's Tenosynovitis, "it is recommended as an option if consistent symptoms and signs fail three months of conservative care with splinting and injection(s). de Quervain's disease causes inflammation of the tendons that control the thumb causing pain with thumb motion, swelling over the wrist, and a popping sensation. Surgical treatment of de Quervain's tenosynovitis or hand and wrist tendinitis/tenosynovitis without a trial of conservative therapy, including a work evaluation, is generally not indicated. The majority of patients with de Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating de Quervain's tendinitis. (AHRQ, 2003) (California, 1997) (Zarin, 2003) (Ta, 1999) Injection alone is the best therapeutic approach to de Quervain's tenosynovitis. (Richie, 2003) (Lane, 2001) Traditionally, epicondylitis and de Quervain's tenosynovitis have been viewed as being due to an inflammatory process and

treated as such. New research shows that tendons in these conditions exhibit areas of degeneration and a distinct lack of inflammatory cells and should be considered “tendinopathies”, and this may direct future treatment. (Ashe, 2004)”

Per the ODG, as it relates to wrist arthroscopy of the TFCC, "it is recommended as an option. Arthroscopic repair of peripheral tears of the TFCC is a satisfactory method of repairing these injuries. Injuries to the TFCC 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) 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)”

Although it has been noted that there has not been sufficient evidence of previous conservative treatment and the response to those treatments, a letter of appeal on 10/15/14 indicates she has been utilizing a thumb spica splint since July 2013, as well as the utilization of a non-steroidal anti-inflammatory. She also underwent a Kenalog injection on 08/27/13 into the first dorsal compartment. She was prescribed further therapy on 10/30/13. The patient has continued symptoms despite being provided with therapy, medications, and an injection. It would appear that she meets the recommendations of the ODG and the requested incision of the extensor tendon sheath with diagnostic arthroscopy of the right wrist with excision/repair of the triangular fibrocartilage/joint debridement is appropriate and medically necessary. The previous adverse determinations should be overturned at this time.

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)