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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Open reduction internal fixation right scaphoid fracture

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME:

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

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

The Official Disability Guidelines criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained injuries to his right wrist on xx/xx/xx.

On February 17, 2015, evaluated the patient ongoing right hand complaints. It was noted that the patient was seen in emergency room (ER) for fracture of right hand and laceration to scalp. He was splinted; staples were placed, prescribed pain medications and recommended to see an orthopedic surgeon. Examination revealed an 8 cm laceration on scalp on the right side. With eight staples noted to skin laceration wound. diagnosed hand injury and scalp laceration and referred him to an orthopedic surgeon.

On February 24, 2015, evaluated the patient for complaints of pain in the right wrist. Physical examination revealed moderate swelling and slight ecchymosis around the wrist. X-rays of the right wrist showed scaphoid fracture and possible triquetral fracture. The patient was diagnosed with right scaphoid fracture. recommended magnetic resonance imaging (MRI) of the wrist and recommended open reduction internal fixation of the right scaphoid. He was treated with

medications which provided some relief. In the meantime, the patient was recommended to use a thumb spica splint.

On March 3, 2015, MRI of the right wrist revealed a non-displaced fracture of the waist of the scaphoid. There were multiple focal areas of bone marrow edema involving numerous bones throughout the wrist. suspected there were additional fractures. In particular, there was a fracture of the distal pole of the triquetrum. There was probable fracture of the tuberosity of the trapezium. There was fluid in the carpal bursa. There was muscle strain injury or bruising involving the thenar muscles of the hand.

Per utilization review of March 3, 2015, the request for open reduction internal fixation right scaphoid was denied with the following rationale: *“The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The patient is a male who injured his right wrist on xx/xx/xx. He is diagnosed with right scaphoid fracture. A request for open reduction internal fixation of the right scaphoid has been made. He was treated with medications which provided some relief. The only medical record submitted was on February 24, 2015, which indicates that the patient complains of pain in the right wrist. Physical examination revealed moderate swelling and slight ecchymosis around the wrist. X-rays of the right wrist showed scaphoid fracture and possible triquetral fracture. While the patient complains of right wrist pain, the records submitted for review did not contain specific radiographic findings suggestive of a displaced scaphoid fracture to warrant an immediate surgery. Also, there was no evidence in the medical reports submitted that the patient has failed immobilization and physical therapy prior to the proposed surgery. In consideration of the foregoing issues and the referenced evidence based practice guidelines, the medical necessity of the requested surgery has not been established. As such, the request is non-certified. Primary Reason(s) for Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The records submitted for review did not contain specific radiographic findings suggestive of a displaced scaphoid fracture to warrant an immediate surgery. Also, there was no evidence in the medical reports submitted that the patient has failed immobilization and physical therapy prior to the proposed surgery.”*

On March 19, 2015, noted the patient had concerns over possible additional fracture including triquetrum, per MRI report. Examination revealed moderate swelling and some slight ecchymosis around the wrist. There was tenderness over the scaphoid and triquetrum. There was significant tenderness over distal radius. recommended ORIF surgery as soon as possible.

On March 19, 2015, the patient was seen at for follow-up care in workman's comp. The provider diagnosed wrist injury, hand injury and history of head injury. The patient was recommended work restrictions and continuing wearing a wrist splint. He was referred to another orthopedist for a second opinion. *The report was illegible.*

On March 24, 2015, saw the patient for ongoing right wrist issues. Examination revealed significant instability of mid carpal space. There was positive Watson test. There was pain to deep palpation of scapholunate area. There was tenderness in right hand. X-rays revealed significant deformity of scaphoid and lunate carpal bones consistent with fracture. administered Kenalog injection in area of pain and swelling. He recommended continuing protective splinting.

On March 24, 2015, x-rays of the right hand and wrist revealed fracture of the scaphoid waist and impaction fracture of the lunate.

Per reconsideration review dated April 8, 2015, the request for open reduction internal fixation right scaphoid was denied with the following rationale: *“The patient is a male who sustained an injury on xx/xx/xx. He is diagnosed with right scaphoid fracture. An appeal request is made for open reduction and fixation right scaphoid. The previous request was denied because the records submitted for review did not contain specific radiographic findings suggestive of a displaced scaphoid fracture to warrant an immediate surgery. Also, there was no evidence in the medical reports submitted that the patient has failed immobilization and physical therapy prior to the proposed surgery. He was treated with medications which provided some relief. The medical report dated February 24, 2015, states that the patient complains of pain in the right wrist. Physical examination revealed moderate swelling and slight ecchymosis around the wrist. X-rays of the right wrist showed scaphoid fracture and possible triquetral fracture. The updated medicals include a right wrist MRI dated March 3, 2015. which revealed a non-displaced fracture of the waist of the scaphoid and suspicious fracture of the distal pole of the triquetrum and probable fracture of the tuberosity of the trapezium. An updated medical report from the treating provider addressing the issues of the previous determination was not submitted for review. The referenced guidelines state that open reduction and internal fixation (ORIF) is recommended as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture or an open fracture with bone protrusion. Although the patient has right wrist pain, there is still no radiographic evidence of a displaced scaphoid fracture. Also, failure of recent conservative care with physical therapy and immobilization was not documented. In agreement with the previous determination, the medical necessity of the request has not been established. Given the above, the request for Open Reduction Internal Fixation Right Scaphoid 25628 is non-certified. Primary Reason(s) for Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is no indication of a displaced fracture to support the requested surgery.”*

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

Request is for an open reduction internal fracture of a right scaphoid fracture. This is a non-displaced scaphoid fracture with an associated lunate fracture. The date of the injury is xx. Thus, this individual was six (6) weeks out from the injury

in question. The exact treatment rendered to date appears to be that of a Spica splint. The fracture was judged to be non-displaced, but the most recent clinical note was 03/24/15 at which time there was found to be a scaphoid waist fracture with an impacted fracture of the lunate. At that juncture, this individual would have been nearly six (6) weeks out from the injury. If in fact it had not healed and there was still fracture line visible, and the claimant was clinically significant, I would approve open reduction internal fracture of the scaphoid at that juncture. Though non-displaced, it appears to be not healing. This fracture has a high non-union rate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES