

# CASEREVIEW

8017 Sitka Street  
Fort Worth, TX 76137  
Phone: 817-226-6328  
Fax: 817-612-6558

November 19, 2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left wrist ligament reconstruction tendon interposition, CPT 25447

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

This physician is a Board Certified Orthopedic Surgeon with over 13 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 male who was injured while working. He was moving the x on a x and when he tried to free the x by pulling, he injured his left wrist. He went to the ER where he was told there was tendon involvement. He then purchased a brace.

On, the claimant presented at the request. He reported popping and that the brace did not help much. He had been taking Advil for pain. On physical examination his left thumb was incredibly tender and swollen. It was subluxed. He had some tenderness over his index finger on the dorsum from his extensor tendon. He had negative Tinel's, negative Phalen's. his Allen's test was normal. Assessment: Left wrist probable ligamentous injury. Plan: MRI recommended as well as staying in the brace.

On, MRI of the Left Wrist, Impression: 1. Moderate to severe osteoarthritis of the 1<sup>st</sup> carpometacarpal joint and small degenerative cysts in the distal pole of the scaphoid. 2. Small radiocarpal and mid carpal joint effusion. 3. Minimal tenosynovitis of the 2<sup>nd</sup> extensor compartment. 4. Probable postoperative changes related to prior surgery for carpal tunnel syndrome.

On, the claimant presented following MRI. On physical examination he was really tender. Splinting had not worked. did not feel therapy would help him. Ligament reconstruction tendon interposition, take the bone out, use a cadaver graft was recommended.

On, UR. Rationale for Denial: The Official Disability Guidelines does not specifically address the requested surgical procedure. According to Wheelless online, ligament reconstruction and tendon interposition is

indicated for patients with basal joint arthritis or CMC instability. The documentation submitted for review failed to provide findings of basal joint arthritis on the physical examination or findings of CMC instability. There was also no documentation the patient had failed a reasonable amount of conservative treatment such as, physical therapy. Peer to peer contact was unsuccessful. Therefore, the request is not supported.

On, the claimant presented after the reviewer suggested conservative treatment be attempted first. On examination, there was no change. Finkelstein's was still positive. Procedure: under ultrasound guidance and image intensification, the left first CMC joint was injected sterilely with cortisone and Marcaine. He was splinted and was referred to a certified hand therapist.

On, the claimant presented who reported the injection helped for about eight hours and the physical therapy was only helping a little bit. He was reported going to therapy 2-3 times a week. He was still wearing his brace. He still had pain and limited ability. On physical exam he was in a splint and basically had no grip strength. He had a positive grind test. He was a questionable Finkelstein's. Plan: Ligament reconstruction and tendon interposition was still recommended.

On, UR. Rationale for Denial: Medical records documented ongoing left wrist pain despite injection, PT, brace and medication. It was noted that a CMC injection helped for about 8 hours. Physical exam revealed no grip, a positive grind test, and a questionable Finkelstein's. However, there was no indication as to the location of the positive grinding sensation of the physical exam. In addition, although imaging was discussed, no formal MRI report was provided for review. The request is not substantiated.

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

The request for left wrist ligament reconstruction tendon interposition (CPT 25447) is denied.

The patient continues to have wrist pain despite completion of physical therapy, bracing, medication, and cortisone injection to the CMC joint. His examination demonstrates a positive grind test. He also has a positive Finkelstein's test at one visit and a questionable test at another visit, pointing towards other possible diagnosis, such as DeQuervain's tenosynovitis. He has documented osteoarthritis of the 1<sup>st</sup> CMC joint on MRI.

The location of the positive grind test is not clearly indicated in the medical record. The potential of alternative diagnoses should also be confirmed, based on the response to a cortisone injection to the 1<sup>st</sup> dorsal compartment. A hand dynamometer should be used to record grip strength in both hands.

Therefore, the patient is not a surgical candidate at the present 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)**