California Orthopaedic Association

Workers' Compensation Utilization Review Checklist

Carpal Tunnel Release
Dupuytren's
Flexor Tenolysis
Triangular Fibrocartilage Complex (TFCC) Repair

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. The below checklist incorporates recommendations from the ACOEM/MTUS and ODG treatment guidelines. You can utilize other high quality guidelines to document medical necessity.

Attach or copy the below checklist into your Request for Authorization (RFA) and attach a copy of the research justifying the procedure, if appropriate. Having a summary of care to date to add to the checklist facilitates approval.

Workers' Compensation Utilization Review Checklist

Carpal Tunnel Release
Dupuytren's
Flexor Tenolysis
Triangular Fibrocartilage Complex (TFCC) Repair

Patient name:_____ Claim #: _____

Carpal Tunnel Release: Present if checked

DWC - MTUS Treatment Guidelines- are not applicable to this case _____

I. Severe CTS, requiring ALL of the following:
- A. Symptoms/findings of severe CTS, requiring ALL of the following:
  - 1. Muscle atrophy, severe weakness of thenar muscles _____
  - 2. 2-point discrimination test > 6 mm _____
- B. Positive electrodiagnostic testing _____

--- OR ---

II. Not severe CTS, requiring ALL of the following:
- A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:
  - 1. Abnormal Katz hand diagram scores _____
  - 2. Nocturnal symptoms _____
  - 3. Flick sign (shaking hand) _____
- B. Findings by physical exam, requiring TWO of the following:
  - 1. Compression test _____
  - 2. Semmes-Weinstein monofilament test _____
  - 3. Phalen sign _____
  - 4. Tinel's sign _____
  - 5. Decreased 2-point discrimination _____
  - 6. Mild thenar weakness (thumb abduction) _____
- C. Comorbidities: no current pregnancy _____
- D. Initial conservative treatment, requiring THREE of the following:
  - 1. Activity modification >= 1 month _____
  - 2. Night wrist splint >= 1 month _____
  - 3. Nonprescription analgesia (i.e., acetaminophen) _____
  - 4. Home exercise training (provided by physician, healthcare provider or therapist) _____
  - 5. Successful initial outcome from corticosteroid injection trial (optional). _____

Dupuytren's

Dupuytren's Contracture Release is considered medically necessary for ANY of the following:
- A. Contracture at the proximal interphalangeal joint or distal interphalangeal joint; or _____
- B. Rapid progression of finger contracture; or _____
- C. Symptomatic fibromatosis in the hand; or _____
- D. Contracture at the metacarpophalanageal joint that interferes with function. _____

(Unicare, 2006)

Flexor Tenolysis

A. Patient must be willing to commit to a rigorous course of physical therapy (vigorous postoperative ROM is required) _____

B. Patient must have good strength in flexor and extensor muscles of the hand and must have intact nerves to flexor muscles _____

C. If patient has had previous flexor tendon repair, surgery should be delayed until 6 months post op (in order to avoid tendon rupture), otherwise at least 3 months conservative treatment (PT) _____

D. Consider using a wrist block and propofol anesthesia, so that the patient can demonstrate active motion in the operating room (indicating whether the tenolysis has been successful) _____

E. If tenolysis does not achieve sufficient ROM, repeated tenolysis is not indicated; _____

F. Contraindicated in patients with active infection, motor-tendon problems secondary to denervation, and unstable underlying fractures requiring fixation and immobilization. Relative contraindications include extensive adhesions, immature previous scars, and severe Post traumatic underlining arthrosis. _____

Some diagnoses and procedures do not have a checklist type format.
Here is an example for **Triangular Fibrocartilage Complex (TFCC) Repair**

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)

Updated: November, 2018