ADVANCED
HAND&WRIST
SPECIALISTS

Paul M. Guidera, M.D.

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Jacqueline Kurth, Manager
Medical Resource Office
Industrial Commission of Arizona
800 W. Washington Avenue, Suite 305
Phoenix, AZ 85007-2922

Dear Jacquie:

At your kind request, I have reviewed current ODG treatment guidelines for injuries and conditions of the Hand, Wrist and Forearm.

As you know, I am a board certified, fellowship trained hand and upper extremity surgeon in the full-time practice of hand and upper extremity surgery. I have practiced in Arizona for 23 years. My practice is devoted to the treatment of injured workers. I am a Fellow of the American College of Surgeons and an active member of the American Society for Surgery of the Hand.

My review included all of the ODG material in my areas of expertise. As you suggested, I have included my opinions regarding 10 of the most common work-related conditions. These are summarized below.

In general, ODG treatment guidelines are appropriate for Arizona. However, it is important to recognize that the quality and of peer-reviewed medical evidence in hand surgery is rapidly improving. What we have assumed to be true in the past may not be so in the near future.

Distal Radius Fracture

ODG Guidelines are appropriate for the Arizona community. There is little consensus among hand surgeons regarding specific treatment and therefore the expertise of the treating surgeon is essential in reaching good outcomes. The role of post-operative hand therapy is debatable but currently recommended. ODG best practice return to work targets are appropriate.

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Triangular Fibrocartilage Complex Tear
ODG treatment and return to work guidelines are appropriate.

DeQuervain Disease
ODG recommendations may not be applicable to the Arizona community. Specifically, ODG indicates that surgery is usually unnecessary and only indicated after 3 months of conservative care. This may impede claims processing efficiency and delay return to productive work. Surgery is widely regarded as highly successful with minimal morbidity when performed by fellowship trained hand surgeons. Claimants who do not want to pursue conservative care and who desire definitive treatment in order to return to productive work as soon as possible are candidates for surgical decompression once diagnosis is established.

For workers who prefer non-surgical care, ODG recommendations of splinting and corticosteroid are appropriate. Therapy has not been shown to have a curative role. Any other non-surgical follow-up care could be carried out supportively.

Scaphoid Fracture
ODG recommendations are generally appropriate with one exception. The ODG recommendation against surgical treatment of non-displaced fractures is debatable. In carefully selected cases in which long-term immobilization may not be in the best interest of the patient, percutaneous or open fixation may allow earlier return to productivity and overall cost reduction. This issue is best left to the expertise of the treating surgeon without concern regarding ODG.

Thumb Basal Joint Degenerative Disease
ODG therapy and surgical recommendations are appropriate. ODG revision did not include PRP (Platelet Rich Plasma) injections. A recent prospective study demonstrated mid-term efficacy in pain level and functional measures. These results have not been duplicated to date. A PRP injection may be beneficial as an alternative to surgical treatment and, in my opinion, should be considered.

Wrist Ganglion
ODG appropriate

Gamekeeper's Thumb (Thumb MP ulnar collateral ligament rupture)
ODG treatment guidelines are appropriate. However, early consultation with a hand surgeon should be considered in every case in which this diagnosis is considered. Late presentations are relatively common in my practice experience. The results of surgical treatment within 4 weeks of injury are superior to late surgical reconstruction.

Flexor/Extensor Tendon Injuries
ODG appropriate. Some patients with flexor tendon injuries will require prolonged post-operative hand therapy and additional surgery, especially in combined (nerve, artery, bone, joint) injuries. It is essential that administrative / peer reviews do not delay or interrupt care.

Trigger Finger
ODG References are outdated. Current hand surgery literature supports the following algorithm:

There is no long term benefit to hand therapy compared to doing nothing
Corticosteroid at initial visit is recommended in most patients
A second injection at 4-6 weeks may be considered if still symptomatic
Surgical treatment may be considered as primary treatment or if condition persists.
If patient declines, follow under a supportive care award.

Phalangeal/Metacarpal Fractures
ODG treatment, therapy and return to work guidelines are appropriate.

Wrist Sprain/Ligament Injuries
Except for minor sprains and strains, ODG recommendations for initial evaluation and management of wrist 'sprains' by non-specialist providers are not beneficial for the injured Arizona worker. Significant injuries are frequently missed, which may preclude optimal definitive care. The duration of conservative management prior to specialist referral should be reduced from six weeks to 2-3 three weeks in cases with objective findings. A hand surgeon should be consulted before diagnostic studies such as MRI or CT to be certain that the appropriate study is ordered. Any patient with the history of a fall onto or crush of the hand or wrist or significant contusion with persistent swelling and pain should be evaluated by a hand surgeon.

In most cases there is little or no consensus among hand surgeons regarding specific treatment algorithms for complex wrist ligament injuries. Therefore, the treatment is best left to the expertise of the treating specialist. Early referral is key to optimal outcomes.

Thank you for allowing me the opportunity to participate in this process. Please let me know if I can be of further service.

Sincerely,

Paul M. Guidera MD, FACS, CIME
Board certified fellowship trained Hand & Upper Extremity Surgery