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III. ADDENDUM
AMPUTATIONS (84.91)

CRITERIA
Each application reviewed by MRB and qualification is dependent upon individual's functional capacity, medical needs, and climate restriction, if any.

ACTION
CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

RESTRICTIONS/DEFER

RATIONALE

MEDICAL INFORMATION NEEDED:
Generic information

Orthopedics

ORTHO-1

5/4/93
BURSITIS (727.3)

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RESTRICTIONS/DEFER</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>One episode, period &gt; 3 mos. ago.</td>
<td>CLEAR</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>1) Asymptomatic period of &gt; 3 mos. or treatment completed and orthopedist considers minimal risk to recur.</td>
</tr>
<tr>
<td>N/F</td>
<td>DEFER</td>
<td>UNTIL:</td>
<td>2) Bursitis free, period of &gt; 3 mos.</td>
</tr>
<tr>
<td>1) Current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Recurrent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/F</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL INFORMATION NEEDED:

- Generic Information

Orthopedics

ORTH-2

5/4/93
FRACTURES (829)

CRITERIA

→ 1) Uncomplicated fractures of ankle, hand > 3 mos. post.
→ 2) Uncomplicated fractures of tibia, femur, completely healed > 6 mos.
→ 3) Uncomplicated compression fracture of spine, > 5 yrs ago, applicant < 65 yrs of age.

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
MRB/MED ADVISOR
DEFER
MNQ

RESTRICTIONS/DEFER

1) Individual review by Orthopedist and MRB review, if needed.
2) R/O severe disease, see underlying diagnosis.

RATIONALE

1) Healed 3 mos.
2) Healed > 6 mos.

MEDICAL INFORMATION NEEDED:

Generic information; Orthopedist evaluation needed.

Orthopedics

ORTHO-3

10/31/94
LIGAMENTS (840 - 848); SPRAINS (840 - 848); TENDONS (726.9); RECONSTRUCTION

**CRITERIA**

1. "Pulled" ligament of extremity: Post, 6 weeks asymptomatic
2. Single episode, asymptomatic period > 1 mo.
3. Tendonitis, "pulled" tendon, "tennis elbow"; past, asymptomatic for 1 mo.
4. Any surgical ligament repair post 2 yrs; currently asymptomatic

**ACTION**

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

**RESTRICTIONS/DEFER**

1. Job placement avoids over use of affected tendon.
2. No strenuous activity involving upper extremities.
3. Resolved and asymptomatic, for period > 1 mo., requiring no further F/U care.
4. For lower extremities for shoulder, wrist, elbow, 6 mths; post surgery

**RATIONALE**

- Orthopedics

ORTHO-4
BUNIONS (727.1), BUNIONECTOMY (77.5)

**CRITERIA**

1. No pain with activity; surgery not recommended.
2. Bunionectomy > 3 mos., resumes full activity without pain.

**ACTION**

1. CLEAR
2. CLEAR WITH RESTRICTIONS
3. DEFER
4. N/A

**REstrictions/Defer**

**Rationale**

1. Pain, with activity.
2. Will require surgery within next 3 yrs.

**UNTIL:**

1. Resolved
2. Post-surgery 3 mos; resumes full activities without pain.

**MEDICAL INFORMATION NEEDED:**

- Orthopedist if symptomatic (symptoms an indication for surgery).
CARPAL TUNNEL SYNDROME (354.0)

CRITERIA
- Single episode, period > 6 mos; asymptomatic, following treatment.
- 1) Recurrent Carpal Tunnel Syndrome.
- 2) Symptoms controlled, period > 6 mos. by use of splinting during work, sleeping.

Criterialone may be treated with local Injections of steroids or surgery.

REQUIREMENTS/DEFER
- \text{1&2)} Avoid repetitive wrist motion, such as computer work or typing.
- Avoid assignment to work related with causing carpal tunnel syndrome: computer work, typing, constant repetitive wrist motions.

RATIONALE
- The 6 mos. post treatment and asymptomatic.
- Carpal Tunnel Syndrome may be treated with local Injections of steroids or surgery.

ACTION
- CLEAR
- CLEAR WITH RESTRICTIONS
- DEFER
- N/A

RESTRICTIONS/DEFER
- 1&2) Avoid repetitive wrist motion, such as computer work or typing.
- Avoid assignment to work related with causing carpal tunnel syndrome: computer work, typing, constant repetitive wrist motions.

MEDICAL INFORMATION NEEDED:
- Generic Information
- Functional capacity assessment.

5/4/93

Orthopedics

ORTHO-6
GANGLION (727.43)

CRITERIA

→ 1) Painless → N/A → Painful → N/A

→ 2) Resolved by needle decompression or surgery, period > 6 wks. post.

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL: Resolved with needle decompression or surgery, period > 6 wks.

RESTRICTIONS/DEFER

MEDICAL INFORMATION NEEDED:

ORTHOPEDICS

RATIONAL

Ganglions of the wrist are essentially harmless and usually painless.

If painful, the ganglions are treated by needle decompression. If continues to recur after treatment, surgery is recommended.

MEDICAL INFORMATION NEEDED:

Orthopedics

ORTH-7

5/4/93