MAXIMUS Federal Services

Case Number:	CM13-0014520		
Date Assigned:	01/22/2014	Date of Injury:	06/10/2002
Decision Date:	03/25/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Clinical records available for review, dated July 25, 2013, specific to the claimant's right upper extremity indicate a current diagnosis of right ulnar wrist pain with triangular fibrocartilage complex tear, status post prior left wrist arthroscopic repair for instability. She is noted to be status post bilateral thumb carpometacarpal arthroplasty and status post a left long and ring finger tenosynovectomy. Objective findings that date demonstrated tenderness over the ulnar side of the right wrist, pain with resisted forearm rotation, and tenderness over the right thumb carpometacarpal interposition space. The treatment options at that date were for a right thumb carpometacarpal injection as well as request for surgical intervention in the form of arthroscopic repair of triangular fibrocartilage complex cartilage with perioperative use of a nerve block. Previous MRI for review includes a right wrist MRI of March 29, 2013 that shows previous evidence of carpometacarpal resection arthroplasty with moderate carpometacarpal changes to the second ray and extensive partial-thickness degenerative tearing of the triangular fibrocartilage with a focal full-thickness perforation near the radial attachment. It is indicated that the claimant has failed conservative care in regard to the wrist. As stated above, operative intervention was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Arthroscopic debridement with possible repair of triangle fibrocartilage to the right wrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Triangular fibrocartilage complex (TFCC) reconstruction and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: California MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the role of surgical intervention would appear warranted. The claimant at present is with clinical findings consistent with ulnar-sided wrist pain and documentation of full-thickness triangular fibrocartilage complex tearing on MRI scan. The role of operative process as requested would appear to be medically necessary.

One (1) nerve block to the right radial nerve for DOS 7/25/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Triangular fibrocartilage complex (TFCC) reconstruction and (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm/wrist/hand procedure - Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: Also based on Official Disability Guideline criteria, as California American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent, the surgical process in question has been approved as necessary. This would support the role of a perioperative nerve block that is being recommended as the date of request, July 25, 2013.

One (1) injection with 4 units of Celestone and 2 ml of 0.5% Marcaine under ultrasound-guided needle placement to the right radial wrist and thumb CMC interposition space for 7/25/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 201.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Injection.

Decision rationale: MTUS guidelines are silent. When looking at Official Disability Guideline criteria, the injection to the carpometacarpal joint of the thumb would not be indicated. Guideline criteria only recommends the role of injection therapy for de Quervain's tenosynovitis and trigger fingers. The records in this case indicate that the claimant is already status post a prior carpometacarpal arthroplasty. The acute need of an injection process from the date of request would not appear to be medically necessary given the claimant's prior treatment, anatomy, and current physical examination findings.