

Case Number:	CM13-0043042		
Date Assigned:	04/25/2014	Date of Injury:	05/14/2013
Decision Date:	06/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 expert 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:

The injured worker is a 44 year old female who was injured on 05/14/13. Per initial hand and upper extremity evaluation by [REDACTED] on 03/20/14, the injured worker underwent an awkward strain and a pull and twisting injury to the right wrist due to interaction with a disabled child. Since then, the injured worker has complained of pain in the right wrist. Treatment to date has included physical therapy, acupuncture, wrist supports, and steroid injection, all of which failed to resolve her symptoms which have been consistent on the ulnar aspect of the wrist. MRI study of 08/16/13 revealed findings suggestive of tear of the triangular fibrocartilage complex at its radial attachment site; tenosynovitis of the extensor carpi radialis tendons. the injured worker is not currently taking any medications. On examination of the right hand and wrist, there is very distinct tenderness just distal to the ulnar head and also at the Distal Radicular Ulnar Joint (DRUJ) region. She has pain with rotation and pronation. A positive ballottement test is noted. She has not had any audible clicks or pops. There is no instability within the wrist. She has full range of motion, with pain on full extension. Sensation is intact distally without any focal motor deficits. A request for right wrist surgery, pre-operative consult, 12 physical therapy visits, and arm sling was denied on 09/23/13, noting that, while the MRI and subsequent medical record identifies a suspected triangular fibrocartilage complex (TFCC) tear with TFCC symptoms, the previous notes from 06/2013 identified tenderness over the first dorsal compartment with positive Finkelstein's.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST ARTHROSCOPY FOR TFCC DEBRIDEMENT VS REPAIR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Wrist Surgery

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist And Hand Chapter, Triangular Fibrocartilage Complex (TFCC) Reconstruction.

Decision rationale: The injured worker is noted to have sustained an injury to the right wrist when she was hit between the thumb and index finger, which pushed her wrist backwards, and caused her to fall on the ground. She has been treated conservatively with physical therapy, acupuncture, wrist supports, and steroid injection without resolution of symptoms. She has objective findings on MRI of a TFCC tear at its radial attachment site. It is noted that her complaints consistently have been ulnar-sided. Per ODG, triangular fibrocartilage complex (TFCC) reconstruction is recommended as an option to effectively treat post-traumatic chronic TFCC tears with Distal Radicular Ulnar Joint (DRUJ) instability.

PRE-OPERATIVE CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE ACC/AHA 2007 Guidelines on Preoperative Cardiac Evaluation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, Bjork K, Card R, Foreman J, Harper C, Roemer R, Stultz J, Sypura W, Thompson S, Webb B. Institute For Clinical Systems Improvement. Preoperative Evaluation.

Decision rationale: Per the records, the injured worker denies a history of high blood pressure, diabetes or cardiac, pulmonary, renal or gastrointestinal disorders. Given the absence of any significant comorbid conditions, there is no medical necessity for pre-op consult.

TWELVE (12) PHYSICAL THERAPY VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The injured worker is an appropriate candidate for TFCC reconstruction, and this request for physical therapy is within guideline recommendations for post-op therapy following this type of surgery.

ARM SLING: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand Chapter, Splints.

Decision rationale: The injured worker is an appropriate candidate for TFCC reconstruction; however, there is no need for an arm sling following this procedure, according to the evidence-based guidelines.