MAXIMUS Federal Services

Case Number:	CM13-0057058		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2011
Decision Date:	05/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

This 51-year-old female housekeeper sustained an industrial injury on 7/17/11. She reported a sudden pop with onset of sharp right wrist pain and swelling with cleaning a closet door. She was diagnosed with ulnocarpal abutment/ulnar impaction syndrome and subsequently underwent right wrist arthroscopic triangular fibrocartilage complex (TFCC) debridement, ulnar wafer resection and partial ulnar styloidectomy on 4/18/12. She attended 24 post-op occupational therapy sessions and returned to modified duty work. The 6/12/13 initial hand surgeon report cited continued left wrist pain with working. Physical exam findings noted flexion/extension 70/75, slightly hypertrophic ulnar soar, decreased sensation in the dorsal sensory branch of the ulnar nerve, triangular fibrocartilage (TFCC) tenderness, and pain with ulnar grind. X-rays demonstrated an ulnar wafer resection with a sharp spike still present and some ulnar impaction changes of the lunate. Consideration of revision surgery was recommended as the patient continued to have significant pain and it looked like an incomplete decompression of the ulnar aspect of the wrist. The patient remained on modified duty with lifting limited to 10 pounds. The 10/18/13 handwritten treating physician report stated the patient still had ulnar sided pain status post ulnar wafer resection. Objective findings documented tenderness to palpation over the triangular fibrocartilage and positive ulnar grind. The diagnosis was right ulnar impaction status post wafer resection. The patient had an incomplete wafer resection with continued symptoms and the treating physician suggested revision wafer resection versus formal shortening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP MEDICAL CLEARANCE: 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), and http://www.guideline.gov/content.aspx?id=38289 preoperative evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute For Clinical Systems Improvement (ICSI), Preoperative Evaluation Section.

Decision rationale: Under consideration is a request for pre-operative medical clearance. The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met. Records indicate that the patient has a significant past medical history of hypercholesterol. Middle-aged females have known occult increased medical/cardiac risk factors. Given these clinical indications, this request for pre-operative medical clearance is medically necessary.

REVISION WAFER RECONSTRUCTION VERSUS FORMAL SHORTENING RIGHT WRIST: 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, And Hand Chapter, Triangular Fibrocartilage Complex (Tfcc) Reconstruction Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Under consideration is a request for revision wafer reconstruction versus formal shortening right wrist. The ACOEM Guidelines recommend ulnar shortening and wafer procedures for select cases of chronic Types IIC and IID triangular fibrocartilage complex tears for which non-surgical treatment is unsuccessful and there is a demonstrable ulna positive variance. Guidelines state that there are no quality studies evaluating this procedure, however in select cases with ulnar positive variance and without resolution of considerable or incapacitating symptoms or lacking trending toward resolution, this procedure is recommended. Guideline criteria have been met. Clinical and x-ray findings indicate that the patient has a residual or recurrent impingement with continued symptoms that significantly impair work ability. The patient has failed operative and comprehensive non-operative treatment. Therefore, this request for revision wafer reconstruction versus formal shortening right wrist is medically necessary.