

<b>Case Number:</b>	CM13-0065546		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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:

The patient is a 49-year-old female who reported an injury on 04/15/2011 after she moved a large stack of clothes, which reportedly caused injury to her left wrist. The patient's treatment history included physical therapy, medications, splinting, and corticosteroid injections that failed to resolve the patient's pain and ultimately resulted in surgical intervention. The patient underwent left De Quervain's release, left wrist second dorsal compartment release with extensor tenosynovectomy, left wrist arthroscopy with partial synovectomy and left wrist arthroscopic debridement of the central radial triangular fibrocartilage complex tear. The patient was treated postoperatively with medications, occupational therapy, and H-Wave therapy. The patient underwent an MRI in 10/2013 that documented findings consistent with ulnar impaction syndrome with degenerative changes to the triangular fibrocartilage without evidence of a tear and mildly progressive basal joint osteoarthritis. The patient's most recent clinical findings documented that the patient had a positive Finkelstein's test with tenderness over the first dorsal compartment and tenderness to palpation over the ulnar aspect of the left wrist with pain on ulnar deviation and ulnar impaction. The patient's diagnoses included status post left first dorsal compartment release, status post left wrist triangular fibrocartilage complex debridement, persistent left wrist pain with limited range of motion, recurrent left De Quervain's, and left wrist triangular fibrocartilage complex degeneration with ulnar impaction. The patient's treatment recommendations included surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revision of de Quervain release and debridement of the TFCC and possible Darrachtype Ulnar Disimpaction of the Left Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand, Triangular fibrocartilage complex (TFCC), reconstruction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The requested Revision of de Quervain release & debridement of the TFCC and possible Darrachtype ulnar disimpaction of the left wrist is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical interventions for patients who have red flag conditions, have failed to progress through a conservative treatment program intended to avoid surgery, and have clear clinical and special study evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does provide evidence that the patient has physical and imaging evidence of a lesion that would benefit from surgical intervention. However, the clinical documentation submitted for review fails to document that the patient has exhausted all conservative treatments postsurgically. There is no documentation that the patient has failed to respond to corticosteroid injections. Additionally, it is noted that the patient was treated with postsurgical occupational therapy. The results of that therapy were not provided. Additionally, there is no documentation that the patient has undergone any postsurgical splinting to assist with pain control. As such, the requested Revision of de Quervain release & debridement of the TFCC and possible Darrachtype ulnar disimpaction of the left wrist is not medically necessary or appropriate.