

<b>Case Number:</b>	CM13-0069923		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Pennsylvania. 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 is a 40-year-old female who was injured in a work-related accident on 9/16/13 sustaining injury to the left wrist. The clinical records available for review include radiographs of the left wrist dated 9/16/13 that were negative. A most recent clinical progress report is dated 11/20/13 indicating continued subjective complaints of wrist pain described as moderately severe in nature. It states that the claimant has been utilizing conservative care including a brace and activity restrictions. Physical examination findings showed the left wrist to be with tenderness over the carpometacarpal joint of the thumb with no crepitation. The wrist itself was stable with no instability. There was tenderness over the flexor surface and extensor surface diffusely. The claimant's working diagnosis was that of deQuervain's tenosynovitis and sprain to the wrist. Based on failed conservative care to date, surgical intervention had been recommended in the form of a wrist arthroscopy with debridement of the TFCC. Documentation does not provide any other imaging for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left wrist arthroscopy with debridement of the triangular fibrocartilage complex:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm/wrist/hand procedure, Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** The MTUS Guidelines are silent. When looking at the Official Disability Guidelines criteria, TFCC debridement would not be indicated. Official Disability Guidelines would recommend the role of the TFCC procedure if there was documentation of imaging findings being supportive of tearing of the TFCC complex. The records in this case demonstrate normal radiographs and physical examination that is diffuse in nature with no specific findings consistent with TFCC injury. There are also no imaging findings consistent with TFCC injury. The role of the surgical process, thus, would not be indicated in this claimant's course of treatment.