

Case Number:	CM14-0016164		
Date Assigned:	03/05/2014	Date of Injury:	09/05/2012
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/30/2014

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:

The claimant is a 23 year old female who was injured on September 5, 2012, sustaining an injury to the right wrist. The clinical records indicate a MRI arthrogram of the right wrist January 9, 2013 that shows a perforation to the central portion of the triangular fibrocartilage with documentation of a prior operative report from December 21, 2013 indicating a right wrist arthroscopy with synovectomy. There was noted to be proliferation over the ulnar aspect of the triangular fibrocartilage however the formal repair did not take place. The prior operative intervention September 27, 2013 follow-up report indicated continued complaints of pain about the right wrist with tenderness over the dorsal and ulnar aspect, pain with flexion and extension and grasping. The claimant's diagnosis was failed conservative care with documentation of triangular fibrocartilage tearing. At that time the surgical intervention was recommended. At present there is a formal request for the proposed procedure to include a repair of the potential need for ulnar shortening osteoplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT OPEN TRIANGULAR FIBROCARILAGE COMPLEX (TFCC) REPAIR AND ULNAR SHORTENING OSTEOPLASTY: Overturned

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

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

Decision rationale: The CA ACOEM Guidelines states there should be "clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention." The Official Disability Guidelines also recommend triangular fibrocartilage surgery is warranted to repair peripheral tears. The claimant ultimately underwent a triangular fibrocartilage debridement. The medical records provided for review document that the claimant failed conservative care, has diagnostic imaging to support a tear that correlates with examination. Therefore, the surgical request of right open Triangular Fibrocartilage Complex (TFCC) Repair and Ulnar Shortening Osteoplasty is medically necessary and appropriate.