

Case Number:	CM14-0164928		
Date Assigned:	10/10/2014	Date of Injury:	03/10/2014
Decision Date:	11/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopaedic 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 70-year-old male truck driver sustained an industrial injury on 3/10/14. Injury occurred while lifting/unloading heavy mattresses from a truck. The 5/20/14 treating physician report cited intermittent grade 4/10 bilateral wrist, right elbow, and right shoulder pain. He complained of stiffness, weakness, swelling, grinding, locking and giving way of the wrist, elbow, and shoulder. There were no limitations in activities of daily living. He was not taking anti-inflammatory medication and had completed 6 visits of physical therapy. Physical exam documented grip strength 75 pounds right and 50 pounds left and pinch strength 30 pounds right and 20 pounds left. Bilateral hand, wrist, and digit range of motion was symmetrical and normal. Neurovascular status was intact with no numbness or weakness. There was stiffness over the left wrist in flexion, extension, and radial and ulnar deviation. There was right lateral epicondyle tenderness with positive resisted wrist extension. Sensation and two-point discrimination were intact. Muscle testing was 5/5 bilaterally. Provocative testing for ulnar, median, and radial neuropathy was negative. The diagnosis was right lateral epicondylitis, bilateral wrist stiffness with normal x-rays, and bilateral flexor and extensor tenosynovitis. The treatment plan recommended elbow and wrist bracing, MR arthrograms of both wrists, and continued modified work. The 6/24/14 treating physician report documented that the MR arthrograms showed degenerative ligamentous changes with possibly a new non-degenerative injury in the left wrist. The 9/17/14 orthopedic report cited intermittent grade 2-6/10 pain with no paresthesias. Conservative treatment had included physical therapy, anti-inflammatories, braces, and Medrol dose pack. Right elbow and left wrist injections on the last visit provided minimal improvement. Physical exam documented improved swelling all areas, right lateral epicondyle tenderness, bilateral wrist scapholunate and carpal-ulnar tenderness, positive bilateral wrist impingement signs, and pain with ulnar deviation, supination and extension. The diagnosis was right lateral

epicondylitis, bilateral TFCC tears, bilateral wrist enthesopathy, and scapholunate sprain. The treatment plan recommended a right elbow MRI to rule-out common extensor tendon tear and left wrist arthroscopy with synovectomy, scapholunate fixation and open versus closed TFCC complex repair. The 9/30/14 utilization review denied the request for bilateral wrist surgery as there was no specific objective or radiographic findings suggestive of TFCC tears or scapholunate ligament dysfunction to warrant the requested surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Wrist Arthroscopy, Synovectomy, Scapho-Lunate Fixation, with Open Versus Closed Triangular Fibrocartilage Complex Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Chapter: Forearm, Wrist and Hand, Diagnostic arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80, 107-108. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, Arthrodesis

Decision rationale: The California MTUS guidelines state that surgical repair of subacute or chronic triangular fibrocartilage complex tears is recommended for patients with instability, concomitant fractures or symptoms that persist without trending towards resolution despite non-operative treatment for 3 to 6 weeks. Surgical fixation of the scapholunate is recommended for displaced fractures. The Official Disability Guidelines recommend hand or wrist fixation for severe posttraumatic arthritis, painful joint deformity, instability or loss of motor failing 6 months of conservative treatment. Guideline criteria have not been met. There is no clear imaging evidence documented of a TFCC tear or scapholunate disassociation, instability, or arthritis. Clinical exam findings do not document loss of range of motion, weakness, or instability. Significant functional deficits are not documented. Evidence of 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

1 Right Wrist Arthroscopy, Synovectomy, Scapho-Lunate Fixation, with Open Versus Closed Triangular Fibrocartilage Complex Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Chapter: Forearm, Wrist and Hand-Diagnostic arthroscopy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 80, 107-108. Decision based on Non-MTUS Citation Forearm, Wrist & Hand, Arthrodesis

Decision rationale: The California MTUS guidelines state that surgical repair of subacute or chronic triangular fibrocartilage complex tears is recommended for patients with instability, concomitant fractures or symptoms that persist without trending towards resolution despite non-operative treatment for 3 to 6 weeks. Surgical fixation of the scapholunate is recommended for displaced fractures. The Official Disability Guidelines recommend hand or wrist fixation for severe posttraumatic arthritis, painful joint deformity, instability or loss of motor failing 6 months of conservative treatment. Guideline criteria have not been met. There is no clear imaging evidence documented of a TFCC tear or scapholunate disassociation, instability, or arthritis. Clinical exam findings do not document loss of range of motion, weakness, or instability. Significant functional deficits are not documented. Evidence of 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.