MAXIMUS Federal Services

Case Number:	CM14-0181081		
Date Assigned:	11/04/2014	Date of Injury:	07/16/2012
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Georgia. 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 injured worker is a 36-year-old female who reported an injury due to cumulative trauma on 07/16/2012. On 10/13/2014, her diagnoses included ulnocarpal impingement syndrome, right wrist, which has contributed to wrist pain and triangular fibrocartilage complex (TFCC) tear. Her complaints included pain over her right hand and wrist. On 06/06/2014, she underwent an arthroscopy of the right wrist. During that procedure, it was noted that there was a large tear of the TFCC and the head of the ulna was protruding through the tear. The tear was debrided, changing it from a large flap to a tear with the flap removed. The head of the ulna was somewhat prominent and debrided. AP views of both wrists revealed 3 mm post ulnar variance bilaterally. Her wrist flexion was measured at 10 degrees and extension at 0 degrees with severe pain. The Jamar strength test was 19 km/cm2 on her right hand which was less than the 23 km/cm2 on her left hand. She is right hand dominant and it should have been more than her left hand. She had decreased pain and touch sensation in the median nerve distribution on the right. She had no strength in her right arm and attempting to move it resulted in excruciating pain. Her medications included naproxen, Omeprazole, cyclobenzaprine, gabapentin, tramadol, and trazodone of unspecified dosages and ketoprofen 20% cream which helped give her a significant relief and improved her pain. She was instructed not to do anything with her hand until she was cleared for the requested surgery. The rationale for the proposed surgery was that repairing the bone that was rubbing up against the tendon would give her relief. There was no request for authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Shortening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),Triangular Fibrocartilage Complex Reconstruction

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, Triangular fibrocartilage complex (TFCC) reconstruction.

Decision rationale: The request for Right Ulnar Shortening is not medically necessary. The Official Disability Guidelines recommend triangular fibrocartilage complex (TFCC) reconstruction as an option. Arthroscopic repair of peripheral tears of the TFCC is a satisfactory method of repairing these injuries. Injuries to the TFCC are a cause of ulnar sided wrist pain. TFCC tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint instability. Although a tear was documented during the arthroscopic procedure of 06/06/2014, there was no documented evidence of distal radioulnar joint instability. The guideline criteria have not been met. Therefore, this request for Right Ulnar Shortening is not medically necessary.