

Case Number:	CM14-0186116		
Date Assigned:	11/14/2014	Date of Injury:	06/28/2011
Decision Date:	12/22/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 52-year-old female who reported an injury on 09/08/2010. The mechanism of injury involved repetitive activity. The current diagnosis is triangular fibrocartilage tear of the right wrist. The injured worker presented on 10/13/2014 with complaints of locking and catching of the right wrist. Previous conservative treatment is noted to include physical therapy, injections, medication management, bracing, and rest. Physical examination revealed marked tenderness at the radioulnar joint of the right wrist with clicking and catching. Treatment recommendations at that time included arthroscopy repair of the triangular fibrocartilage of the wrist. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: OPA wrist repair of triangular fibrocartilage tear: 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 (ODG), Forearm, Wrist, and Hand Chapter, Triangular Fibrocartilage Complex (TFCC).

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

Disability Guidelines (ODG) Forearm, Wrist & hand Chapter, Triangular Fibrocartilage Complex (TFCC) Reconstruction.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines recommend triangular fibrocartilage complex reconstruction as an option for arthroscopic repair of peripheral tears. Although it is noted that the injured worker had imaging evidence of a triangular fibrocartilage tear, the official imaging study was not provided for this review. Therefore, the current request cannot be determined as medically appropriate at this time.

Associated surgical service: Assistant surgeon: Upheld

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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & hand Chapter, Triangular Fibrocartilage Complex (TFCC) Reconstruction.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is not medically necessary.

Associated surgical service: Post-op physical therapy three times a week for four weeks: Upheld

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): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & hand Chapter, Triangular Fibrocartilage Complex (TFCC) Reconstruction.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is not medically necessary.