

Case Number:	CM14-0021635		
Date Assigned:	05/05/2014	Date of Injury:	09/24/2013
Decision Date:	07/09/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 22-year-old female who sustained a left wrist injury on 09/24/13. The records provided for review include the report of an MR arthrogram identifying a TFCC tear and an ulnar positive variance. The follow up report of 01/07/14 noted continued tenderness over the ulnar aspect of the wrist, pain with range of motion and diminished grip strength. The report indicates conservative treatment had included medication management, splinting, therapy and work restrictions. The recommendation for right wrist arthroscopy with TFCC debridement was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT WRIST ARTHROSCOPY WITH TFCC (TRIANGULAR FIBROCARILAGE COMPLEX) DEBRIDEMENT: Overturned

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

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

Decision rationale: California MTUS ACOEM Guidelines recommend surgical intervention when there is 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 support the role of the proposed surgical process also. This individual has imaging evidence of significant tearing to the TFCC and concordant findings on examination. There is documentation of failed conservative care over the past four months. Therefore, the request for left wrist arthroscopy and TFCC debridement is recommended as medically necessary.