

Case Number:	CM14-0023997		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2012
Decision Date:	08/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 39-year-old male who reported an injury on 04/03/2012. The mechanism of injury was not specifically stated. The current diagnosis is a contusion of the hand. The injured worker was evaluated on 01/06/2014 with complaints of persistent pain in the right wrist. The injured worker reported mild improvement in symptoms following an injection of the extensor carpi ulnaris. The physical examination was not provided on that date. It was noted that the provider was requesting an exploratory procedure to possibly debride the TFCC with or without a fusion of the lunotriquetral joint. The latest primary treating physician's progress report submitted for this review was documented on 08/08/2013. The injured worker presented with symptoms of depression, joint pain, numbness, and sleep disruption. The physical examination at that time revealed tenderness with limited range of motion of the right wrist. Treatment recommendations at that time included an electromyography and nerve conduction velocity (EMG/NCV) study of the right upper extremity and the hand surgery consultation. The injured worker was instructed to continue with right wrist bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXPLORATORY PROCEDURE TO POSSIBLY DEBRIDE THE TRIANGULAR FIBROCARILAGE (TFC) WITH OR WITHOUT FUSION OF THE LUNOTRIQUETRAL JOINT OF THE RIGHT WRIST: 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, Arthrodesis (Fusion).

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 including work site modifications, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines state triangular fibrocartilage complex reconstruction is recommended as an option for arthroscopic repair of peripheral tears of the triangular fibrocartilage complex. An arthrodesis (fusion) is recommended in severe post-traumatic arthritis of the wrist, thumb or digit after 6 months of conservative therapy. As per the documentation submitted, there is evidence of previous conservative treatment with bracing and an injection. However, there is no documentation of an exhaustion of other conservative methods, such as work site modification or physical therapy. There was no imaging studies provided for this review. Therefore, there is no evidence of TFCC or ligament pathology. The injured worker does not maintain a diagnosis of post-traumatic arthritis. Based on the clinical information received and the above-mentioned guidelines, the request is not authorized. Therefore, the exploratory procedure, to possibly debride the triangular fibrocartilage (TFC), with or without fusion of the lunotriquetral joint of the right wrist, is not medically necessary.