

Case Number:	CM14-0026918		
Date Assigned:	03/05/2014	Date of Injury:	01/03/2012
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 Hand Surgery and is licensed to practice in Oregon. 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 patient is a female who complains of bilateral wrist pain that interferes with activities of daily living. She has undergone left carpal tunnel release as well as releases of three trigger fingers. She continues to have constant sharp pain in her wrists and hands. Her wrists pop. Physical therapy has not improved her symptoms. MRI shows radiocarpal and trapezoid-metacarpal arthritis. She may have a possible tear of the TFC and the scapholunate ligament.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST ARTHROSCOPY, DEBRIDEMENT OF TRIANGULAR FIBROCARTILAGE COMPLEX TEAR: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Hand, "Diagnostic Arthroscopy".

Decision rationale: The patient has chronic wrist pain and an MRI that shows a possible TFCC tear. According to the ODG guidelines, Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed

the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis and persistent severe pain at 4 to 12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. These criteria are met. The patient has had symptoms for months despite conservative care including physical therapy. Her imaging is suggestive but not diagnostic for TFCC tear because MR arthrography was not performed. Per the guidelines, arthroscopy is indicated with repair or debridement of any injured structures.