

Case Number:	CM14-0049086		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2013
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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:

This 20-year-old female sustained an industrial injury on 7/1/13. The mechanism of injury is not documented. The 2/18/14 treating physician report cited significant left wrist and hand pain radiating up the proximal forearm into the shoulder. She was unable to work. Physical exam demonstrated tenderness over the ulnar aspect of the left wrist with positive triangular fibrocartilage complex (TFCC) impingement test. She had a slightly positive Tinel's sign. Diagnoses included left wrist TFCC tear, extensor carpi ulnaris tendonitis, and left forearm pain. The treatment plan recommended debridement/repair of the left wrist TFCC. Anti-inflammatory, pain, and muscle relaxant medications were prescribed. The 3/20/14 utilization review denied the request for left wrist TFCC surgery as there was no information regarding radiographic studies or previous treatment. The 4/14/14 treating physician report cited left dorsal wrist tenderness, pain with wrist extension against resistance, and decreased forearm extensor spasms. Medications were helpful in maintaining essential activities of daily living. Conservative treatment had included physical therapy, activity modification, TENS unit, home exercise, heat/cold, and stretching. The 4/16/14 appeal letter cited left wrist MRI findings consistent with TFCC tear. The patient had failed a trial of physical therapy due to severe pain. Left wrist pain continued to crescendo with resultant decline in activity and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Debridement/Repair of Left wrist TFCC as an Outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s):
[https://www.acoempracguides.org/Hand and Wrist](https://www.acoempracguides.org/Hand%20and%20Wrist).

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 Official Disability Guidelines recommend triangular fibrocartilage complex (TFCC) reconstruction as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Guideline criteria have been met. There is imaging evidence of a TFCC tear that failed reasonable conservative treatment. The patient has significant functional loss. Therefore, this request for debridement/repair of the left wrist TFCC as an outpatient is medically necessary.