

<b>Case Number:</b>	CM14-0050104		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Internal Medicine 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 patient is an injured worker with wrist pain and triangular fibrocartilage complex TFCC tear. Date of injury was 9/18/2008. Regarding the mechanism of injury, the wrist injury was sustained while lifting a trunk of a vehicle. The progress report dated 1/30/2014 documented subjective complaints of wrist pain. He states that it is ulnar-sided and difficulty with forearm rotation. Physical examination was documented. Tenderness was present over the DRUJ distal radioulnar joint as well as TFCC triangular fibrocartilage complex. Triangular fibrocartilage complex TFCC stress test reproduces pain. Recent MRI magnetic resonance imaging is suggestive of triangular fibrocartilage complex TFCC tear. Treatment plan included surgical intervention. Surgery will be in the form of wrist arthroscopy, plus or minus ulnar shortening osteotomy should signs of ulnar impaction be found arthroscopically. The progress report dated 9/17/2014 documented subjective complaints of right wrist pain sustained while lifting a trunk of a vehicle. A second opinion for his right wrist was performed, and surgery was recommended. He received a wrist splint. He continues to have pain over the palmar aspect of his right wrist and forearm that he describes as aching and numbing. He rates his pain as a 9/10 without pain medications and a 3/10 with pain medications. His pain is worse with lifting. His pain is better with medications. Pain is unchanged since his last visit. Medications include Norco. Physical examination was documented. Right upper extremity examination demonstrated tenderness over lateral epicondyle and over the extensor muscles. Tenderness was noted over medial epicondyle. Tenderness was noted over radial wrist, ulnar wrist, volar wrist, and dorsal wrist. Tenderness of volar hand at the thenar and hypothenar eminences was noted. Strength was 4+/5. Tinel's was positive over cubital tunnel, negative over carpal tunnel. Phalen's was negative. Finkelstein's was negative. Diagnoses were TFCC triangular fibrocartilage complex tear, ulnar neuropathy, wrist tendonitis, RSD reflex

sympathetic dystrophy of upper extremity. The patient continues with right wrist pain. Surgery was requested. Treatment included medication management and wrist splint.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Wrist Arthroscopy and possible Ulnar Shortening Osteotomy: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Integrated Treatment/ Disability Duration Guidelines: Forearm, Wrist & Hand (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Ulnar shortening surgery Triangular fibrocartilage complex (TFCC) reconstruction Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Forearm, wrist, & hand (acute & chronic), not including carpal tunnel syndrome. Encinitas (CA): Work Loss Data Institute; 2013 May 8. <http://www.guideline.gov/content.aspx?id=47580> ACOEM 3rd Edition Bibliograph

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses wrist and hand surgical considerations. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints (Page 270) states that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, have clear clinical and special study evidence of a lesion that has been shown to benefit from surgical intervention. ACOEM 3rd Edition recommends surgical repair for triangular fibrocartilage complex (TFCC) tears. Surgical repair (arthroscopic or open) for patients with instability, concomitant fractures, or symptoms that persist without trending towards resolution despite non-operative treatment and the passage of approximately 3 to 6 weeks. Work Loss Data Institute guidelines for the forearm, wrist, & hand (acute & chronic) state that injuries to the triangular fibrocartilage complex (TFCC) may have pain and stiffness as the only relevant findings. These injuries should be referred to an orthopedic surgeon or hand surgeon for evaluation and treatment. Official Disability Guidelines (ODG) state that ulnar shortening surgery and triangular fibrocartilage complex (TFCC) reconstruction is recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability. The progress report dated 1/30/2014 documented wrist pain. Tenderness was present over the DRUJ distal radioulnar joint and TFCC triangular fibrocartilage complex. Triangular fibrocartilage complex TFCC stress test reproduces pain. MRI magnetic resonance imaging was suggestive of triangular fibrocartilage complex TFCC tear. Wrist arthroscopy surgery with ulnar shortening osteotomy was recommended. The progress report dated 9/17/2014 documented wrist pain and diagnoses of TFCC triangular fibrocartilage complex tear, ulnar neuropathy, wrist tendonitis,

RSD reflex sympathetic dystrophy of upper extremity. ACOEM 2nd Edition states that referral for hand surgery consultation may be indicated for patients who have evidence of a lesion that has been shown to benefit from surgical intervention. ACOEM 3rd Edition recommends surgical repair for triangular fibrocartilage complex (TFCC) tears. Surgical repair (arthroscopic or open) for patients with symptoms that persist without trending towards resolution despite non-operative treatment and the passage of approximately 3 to 6 weeks. Official Disability Guidelines (ODG) state that ulnar shortening surgery and triangular fibrocartilage complex (TFCC) reconstruction is recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability. Medical records provide MRI evidence of MRI magnetic resonance imaging was suggestive of triangular fibrocartilage complex TFCC tear with persistent symptoms despite medications, splint, and non-operative treatment. MTUS, ACOEM, and ODG guidelines support the request for wrist arthroscopy surgery with ulnar shortening osteotomy and triangular fibrocartilage complex (TFCC) reconstruction. Therefore, the request for Right Wrist Arthroscopy and possible Ulnar Shortening Osteotomy is medically necessary.