

Case Number:	CM14-0059365		
Date Assigned:	07/09/2014	Date of Injury:	02/24/2011
Decision Date:	08/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 72-year-old male who reported an injury on 02/24/2011. The diagnoses included tenosynovitis of the hand/wrist, NEC (not elsewhere classified). The mechanism of injury was a cumulative trauma. The diagnoses included right wrist sprain and TFCC (Triangular Fibrocartilage Complex) tear. Prior treatments included physical therapy, wrist splint, heating/ice pads, TENS unit and injections. Surgical history was noncontributory. The documentation of 04/13/2014 revealed there was a Denial Letter regarding surgical intervention to the right wrist that has been requested in the form of a right wrist arthroscopy with TFCC debridement. The injured worker had right-sided wrist and hand pain with weakness. The injured worker was noted to be unresponsive to conservative treatment along with medical therapy. The documentation indicated the injured worker had an MRI of the right wrist which revealed a full thickness triangular fibrocartilage complex tear. The request was made as an appeal for the requested procedure. The original date of request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Arthroscopy and TFCC (Triangular Fibrocartilage Complex) Debridement:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations may be appropriate for injured workers who have red flags of a serious nature, a failure to respond to conservative management including work site modifications and have 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 clinical documentation submitted for review indicated the injured worker had an MRI which revealed a TFCC tear. The injured worker had objective findings. However, the MRI was not presented for review. Given the above, the request for right wrist arthroscopy and TFCC debridement is not medically necessary.