

<b>Case Number:</b>	CM14-0060636		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/05/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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:

The claimant is a 38-year-old female who sustained a left wrist injury in a work related accident on 09/05/13. The medical records provided for review include the office report dated 04/14/14 noting complaints of chronic pain with a catching sensation and that conservative treatment had included the use of splinting that had been somewhat helpful, but symptoms are continuing to persist. Objectively, there was tenderness without swelling diffusely at the trapeziometacarpal (TMC) joint, a negative Finkelstein and carpal tunnel testing and no restricted motion. The report of a left hand MRI dated 1/14/14 showed synovial changes and inflammation of the first carpometacarpal (CMC) joint as well as first metacarpophalangeal (MCP) joint. There was no indication of ligamentous or structural damage. There was partial subluxation of the extensor carpi ulnaris without tenosynovitis. This review is for a right wrist arthroscopy in light of the fact the claimant has failed conservative care including injections, splinting, activity restrictions and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right trapeziometacarpal joint arthroscopy with possible arthrotomy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (updated 02/18/14); <http://www.ncbi.nlm.nih.gov/pubmed/8228051>.

**MAXIMUS guideline:** Decision on the MTUS ACOEM Practice Guidelines, Chapter 11 Forearm, Wrist, and Hand Complaints, page 270 and on the Non-MTUS Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: forearm, wrist, hand procedure - Diagnostic arthroscopy 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. (Adolfsson, 2004).

**Decision rationale:** Based on the California ACOEM Guidelines and the Official Disability Guidelines, the request for right trapeziometacarpal joint arthroscopy with possible arthrotomy cannot be recommended as medically necessary. The claimant's imaging and clinical findings in this case are for the left wrist. MRI scan and all clinical assessments diagnose left hand and wrist complaints. There is a current request for a right wrist arthroscopy. While this may just be an error, it must be noted that this individual's imaging report fails to demonstrate any indication of inflammatory findings or acute processes that would necessitate the need for operative procedure. With absent imaging and failure of clinical correlation between the claimant's left sided findings and the right sided requested surgery, the role of procedure would not be supported.