

Case Number:	CM14-0061898		
Date Assigned:	07/11/2014	Date of Injury:	05/03/2004
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/03/2014

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 Orthopaedic 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 44-year-old female physical therapist sustained an industrial injury on 5/3/04. The mechanism of injury was not documented. Past surgical history was positive for right wrist surgery in December 2007, left ulnar shortening osteoplasty with arthroscopic triangular fibrocartilage complex debridement in 2011, and hardware removal left forearm in 2013. The 9/30/11 right wrist MR arthrogram impression documented central triangular fibrocartilage complex (TFCC) tear with degeneration and thinning of the remainder of the triangular fibrocartilage (TFC). There was moderate chondral thinning adjacent lunate and ulna without subchondral cystic change or edema. There was mild diffuse chondral thinning noted elsewhere in the radial carpal joint. Records indicated the patient has been treated for increasing right wrist and elbow symptoms since 1/4/13 for a diagnosis of ulnocarpal abutment with TFC tear. Comprehensive conservative treatment over the past 16 months had included activity modification, acupuncture, massage, tennis elbow support, wrist bracing, medications, and injections. The 3/28/14 treating physician report cited on-going ulna wrist pain with clicking, popping, and pain both elbows. Physical exam documented tenderness over the lateral epicondyles, extensor carpi radialis brevis (ECRB) origin, and the ulnar TFCC. There was pain with ulnocarpal compression and with resisted wrist extension bilaterally. The impression was ulnocarpal abutment on the right and right lateral epicondylitis. The treatment plan recommended ulnar shortening osteoplasty with arthroscopic debridement, right lateral epicondylar release. The 4/8/14 utilization review denied the requests for right ulna shortening osteoplasty with arthroscopic debridement and right lateral epicondylar release. Denial was based on no imaging evidence of ulnar abutment or positive variant. There was no documentation of comprehensive guideline-recommended conservative treatment. The 5/13/14

appeal letter stated that there was imaging evidence of ulnocarpal abutment demonstrated on the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ULNA SHORTENING OSTEOPLASTY WITH ARTHROSCOPIC DEBRIDEMENT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 44-45.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 81.

Decision rationale: The ACOEM updated hand, wrist, and forearm guidelines recommend ulnar shortening procedures for chronic triangular fibrocartilage complex tears for which non-surgical treatment is unsuccessful and there was a demonstrable ulna positive variance. In select cases with ulna positive variance and without resolution of considerable or incapacitating symptoms or lacking trending towards resolution, this procedure is recommended. Guideline criteria have been met. MRI findings documented ulnocarpal abutment and evidence of a central triangular fibrocartilage complex tear. The patient has significant ulnar wrist pain with clicking and popping. Comprehensive conservative treatment over 16 months has failed to resolve symptoms. Therefore, this request for right ulna shortening osteoplasty with arthroscopic debridement is medically necessary.

RIGHT LATERAL EPICONDYLAR RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): (TEXT PAGE 270) 29, 34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

Decision rationale: The California MTUS updated ACOEM elbow guidelines state that surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. Guideline criteria have been met. Records indicate the patient has been treated for bilateral lateral epicondylitis since 8/23/13 and has failed to respond to guideline-recommended conservative treatment. Therefore, this request for right lateral epicondylar release is medically necessary.