

<b>Case Number:</b>	CM14-0067511		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 56 year old female who reported an injury to her right wrist. A clinical note dated 04/21/14 indicated the injured worker undergoing three injections at ulnar aspect of the right wrist. Upon exam tenderness was 3+ over the fovea. No signs of instability were identified. Utilization review dated 04/28/14 resulted in denial for triangular fibrocartilage complex (TFCC) repair. No imaging findings were supportive of TFCC pathology. Procedure note dated 01/16/14 indicated the injured worker undergoing betamethasone injection at the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopic synovectomy, excision/repair TFCC, synovial biopsy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, <http://www.ncbi.nlm.nih.gov/pubmed/21871363>.

**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 and Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** Triangular fibrocartilage complex (TFCC) repair is indicated for injured workers who have definitive evidence of chronic TFCC tear. No imaging studies were submitted confirming TFCC involvement. Without this information in place confirming significant pathology this request is not indicated as medically necessary.