

<b>Case Number:</b>	CM14-0076184		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/03/2004
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 44 year old female with reported industrial injury 5/3/04. Magnetic resonance imaging (MRI) right wrist on 9/30/11 demonstrates central triangular fibrocartilage complex (TFCC) tear with degeneration and thinning of the TFC. Exam note from 3/28/14 demonstrates report of ongoing wrist pain, clicking and popping with pain most days. Exam shows tenderness over lateral epicondyle with pain with resisted wrist extension bilaterally. Tenderness over the ulnar TFC is noted with pain on ulnocarpal compression. There is no documentation of distal radioulnar joint (DRUJ) instability or ulnar positive variance.

### 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 TFC debridement & synovectomy, right lateral epicondylar release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 29, 34 & 270. Decision based on Non-MTUS Citation ODG ([http://www.odg-twc.com/odgtwc/Forearm\\_Wrist\\_Hand.htm](http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm)) and Wheelless' Textbook of Orthopaedics ([http://www.wheelsonline.com/ortho/triangular\\_fibrocartilage\\_complex](http://www.wheelsonline.com/ortho/triangular_fibrocartilage_complex)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Triangular fibrocartilage complex reconstruction.

**Decision rationale:** CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case, there is insufficient evidence in the records of 3/28/14 of failure of conservative care to warrant a lateral epicondylar release. Therefore determination is for medically necessary. CA MTUS/ACOEM is silent on the issue of ulnar shortening osteotomy for TFCC tears. According to the Official Disability Guidelines (ODG) Forearm, Wrist and Hand, triangular fibrocartilage complex (TFCC) reconstruction, Recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. 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. In this case, there is no evidence of a need for DRUJ instability or ulnar positive variance to warrant shortening osteotomy. Therefore determination is for not medically necessary.