

<b>Case Number:</b>	CM14-0081260		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 47-year-old female who reported an injury on 03/07/2014. The mechanism of injury involved a fall. Current diagnoses include left shoulder contusion, left elbow contusion, bilateral wrist contusion, left hip contusion, and lumbosacral strain. The injured worker was evaluated on 03/07/2014 with complaints of 10/10 pain to the left knee, left wrist, left elbow, left shoulder, left hip, and lumbar spine. Physical examination on that date revealed early ecchymosis to the left superior aspect of the tibia, tenderness at the left hip, painful range of motion of the left hip, tenderness at the central dorsal and volar aspect of the left wrist with full range of motion, tenderness of the medial aspect of the left elbow, and limited lumbar range of motion. Treatment recommendations included x-rays of the left elbow, left wrist, left hip, left knee, left tibia and fibula, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Diagnostic Arthroscopy with debridement and possible open repair of Triangular Fibrocartilage Complex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Forearm, Wrist, and Hand, Diagnostic Arthroscopy; Triangular Fibrocartilage Complex (TFCC) Reconstruction; <http://www.ncbi.nlm.nih.gov/pubmed/2363779>

1990;6(2):120-4. Arthroscopic Debridement of Triangular Fibrocartilage Complex Tears.  
Osterman AL.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management including work site modification, and have clear clinical and special study evidence of a lesion. The Official Disability Guidelines recommend triangular fibrocartilage complex reconstruction as an option for peripheral tears. As per the documentation submitted, there is no mention of an attempt at conservative treatment. There were no imaging studies provided for this review. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the left wrist. Based on the clinical information received, the request is not medically necessary.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized; the request for Assistant Surgeon is not medically necessary.

**Two View X-Ray Left Wrist QTY:1:** 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, Radiography.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request for Two View X-Ray for Left Wrist is also not medically necessary.

**Long-arm Splint Left Arm QTY:1:** 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, Splints.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request for Long Arm Splint Left Arm is also not medically necessary.