

Case Number:	CM14-0189626		
Date Assigned:	11/20/2014	Date of Injury:	08/17/2014
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 patient is a 35-year-old male who sustained an injury on 08/17/2014 while he was lifting milk crates. The patient is diagnosed with right wrist triangular fibrocartilage tear. A request is made for right wrist arthroscopy with TFCC debridement. MR arthrogram of the right wrist dated 10/20/14 by [REDACTED] revealed a tear of the triangular fibrocartilage in its centrum radial aspect as a perforation with granulation tissue, mild degeneration of the dorsal fibers of the seepholunate ligament with perforation through the membranous and valor components, mild degeneration of the lunotriquetral ligament, and mild tendinosis of the extensor carpi ulnaris. Prior treatments include medications and splinting. The most recent medical report dated 10/23/14 states that the patient has right wrist pain. The symptoms have worsened. On physical examination of the right wrist, there is tenderness to palpation over the -MCC and ulnar aspect of the wrist. He has pain over the IFCC with resisted wrist and forearm supination. His grip strength is 16 kg on the right and 28 kg on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy with TFCC debridement: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 7.

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, TFCC surgery

Decision rationale: Per ODG Triangular fibrocartilage complex (TFCC) reconstruction, 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. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. (Corso, 1997) (Shih, 2000) 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 suggested by this study. This patient has a TFCC injury documented on MRI. He has persistent pain despite splinting and NSAIDS. TFCC repair is medically necessary.