

<b>Case Number:</b>	CM14-0194578		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/31/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 & Hand 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 32 year old male with a date of injury of August 31, 2013. The mechanism of injury was not provided. Results of the injury include dizziness, neck pain, right shoulder pain, and right wrist pain. Diagnosis included head trauma secondary to a ten foot fall, status post ORIF left forearm, status post ORIF right wrist, status post right shoulder arthroscopy with decompression of the right shoulder, internal derangement, right knee, per MRI, and hypertension, poorly controlled. Treatment modalities included medications, surgeries, and occupational therapy. X ray of the right wrist dated November 3, 2014 showed ORIF of the distal radial fracture with stable alignment without hardware abnormality. Physical examination noted on November 3, 2014 showed the injured worker was fully able to extend the wrist with good prone supination. There was full range of motion at the elbow and shoulder. The injured worker had good pronosupination and was able to flex and extend, and radial and ulnar deviate, however, it was mildly limited on the right compared to the left. Treatment plan was to proceed with right wrist arthroscopy and ulnar shortening osteoplasty. There was a Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist arthroscopy and ulnar shortening osteoplasty debridement or repair of TFCC:**  
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), Treatment Index, 12th Edition (web), 2014, Forearm, Wrist & Hand Chapter, Triangular Fibrocartilage complex (TFCC) reconstruction

**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 & Hand Chapter, Triangular fibrocartilage complex (TFCC) reconstruction

**Decision rationale:** The Official Disability Guidelines recommend triangular fibrocartilage complex repairs for peripheral tears of the triangular fibrocartilage complex. The physical examination revealed the injured worker could flex, extend, and deviate the wrist and this action was mildly limited on the right. However, there were no MRI findings submitted for review. There was no documentation of instability to support that the injured worker had a TFCC tear. Given the above, the request for right wrist arthroscopy and ulnar shortening osteoplasty debridement or repair of TFCC is not medically necessary.

**Pre op labs:** 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), Treatment Index, 12th Edition (web), 2014, Forearm, Wrist & Hand Chapter, Triangular Fibrocartilage complex (TFCC) reconstruction

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre op EKG:** 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), Treatment Index, 12th Edition (web), 2014, Forearm, Wrist & Hand Chapter, Triangular Fibrocartilage complex (TFCC) reconstruction

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Pre op CXR:** 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),

Treatment Index, 12th Edition (web), 2014, Forearm, Wrist & Hand Chapter, Triangular Fibrocartilage complex (TFCC) reconstruction

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.