

Case Number:	CM14-0063142		
Date Assigned:	07/23/2014	Date of Injury:	09/18/2008
Decision Date:	01/05/2015	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/05/2014

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:

This is a 61 year old male with a 9/18/08 injury date. He injured his right wrist while lifting a car trunk. According to a recent 10/15/14 note, the patient is able to work full duty and finds his medications for pain helpful. He complained of pain over the palmar aspect of his right wrist and forearm that has aching and numbness, and is 8-9/10 without medication and 3/10 with medication. Objective findings included tenderness over the medial and lateral epicondyles of the elbow, throughout the wrist, and throughout the hand. Strength was 4+/5 strength, there was positive Tinel's over the cubital tunnel, there was negative Phalen's sign, and negative Finkelstein's test. There was mention of a right wrist MR arthrogram on 8/15/12 but there were no results or discussion of results available for review. Diagnostic impression: right wrist triangular fibrocartilage complex (TFCC) tear. Treatment to date: medications, wrist splint, home exercise, physical therapy, TENS unit. A UR decision on 4/25/14 denied the request for right wrist arthroscopy, possible ulnar shortening osteotomy because there were no red flags and/or significant positive objective orthopedic/neurologic findings or significant functional impairment 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, possible Ulnar Shortening Osteotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

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, and Hand Chapter--Arthroscopy, Ulnar shortening surgery.

Decision rationale: CA MTUS states that referral for hand surgery consultation may be indicated for patients who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications; and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. In addition, ODG states that diagnostic Arthroscopy is recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. CA MTUS does not address the issue of ulnar shortening. ODG states that ulnar shortening osteotomy is an accepted therapeutic approach to address ulnocarpal impingement syndrome corroborated by clinical presentation and imaging findings. However, there was not enough information provided in the documentation to support a diagnosis of either ulnar impaction syndrome or TFCC tear. There were no imaging study reports or discussion of results available that would confirm these diagnoses. There were no documented physical exam findings that would be specific for these diagnoses. Therefore, the request for right wrist arthroscopy, possible ulnar shortening osteotomy is not medically necessary.