

Case Number:	CM15-0100890		
Date Assigned:	06/03/2015	Date of Injury:	10/11/2011
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic Surgery

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 56 year old female injured worker who suffered an industrial injury on 10/11/2011. The diagnoses included TFCC injury to the right wrist. The diagnostics included magnetic resonance imaging of the right wrist with stated diagnosis of a TFCC tear. On 4/27/2015, the treating provider reported problems with right wrist and would like to proceed with arthroscopic evaluations and treatment. The patient presented with ongoing chronic neck pain and bilateral upper extremity complaints. She continues to have right wrist pain. On exam, there was tenderness over the distal radial joints with limited range of motion and strength along with paresthesia. The treatment plan included evaluation with primary treating physician, spine consultation, Triangular Fibrocartilage Complex arthroscopic debridement/repair, Internal medicine pre-operative clearance, and Post-operative physical therapy. The patient has been diagnosed with chronic cervical spine pain, cervicogenic headaches, chronic cervical spine myofasciitis and TFCC injury. She had been noted to have neck pain radiating to both shoulders. She is noted to have pain of the neck with cervical compression and pain of the right wrist on the ulnar aspect, as well as the TFCC area. The treating physician noted that her neck pain evaluation was out of his expertise and recommended referral to a spine specialist. Previous conservative management has included a wrist brace, medications, physical therapy and activity modification without much benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with primary treating physician, quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The patient is a 56 year old female with documented chronic right wrist pain associated with an MRI supported TFCC tear. She has undergone conservative management with medical management, physical therapy, bracing and activity modification. Based on her ongoing pain with functional compromise and that the patient is deemed to be in need of surgical intervention, further follow-up of her condition is medically necessary. From ACOEM page 270, 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; Have clear clinical and special study evidence of a lesion that has been shown to benefit; Thus, ongoing treatment and evaluation by her treating physician is medically necessary and consistent with ACOEM guidelines. The UR review stated that because there was no further improvement in function or her condition with extensive conservative treatment, further follow-up is not necessary. However, as there may be surgical treatment that could be beneficial and that the requested intervention was denied, further follow-up is reasonable and medically necessary.

Referral for spine consultation, quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations. Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The patient is a 56 year old female with well-documented chronic cervical pain that is radiating to her shoulders. As stated by the requesting physician, this is outside his expertise and thus, further evaluation and work-up by a spine specialist is reasonable and medically necessary. From ACOEM, page 177, Follow-up visits: Patients whose neck or upper back complaints may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Therefore, as the physician providing treatment can no longer assist with effective treatment, referral to a spine specialist is medically necessary. The UR stated that there is no evidence of a neurological examination and no evidence of radiculopathy. However, from the medical records provided for this review, this has been satisfied. The patient had been noted to complain of paresthesias and radiating neck pain, which could suggest a radiculopathy.

TFCC (Triangular Fibrocartilage Complex)arthroscopic debridement/repair, right wrist:
Overturned

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 (updated 05/11/15), Triangular Fibrocartilage Complex (TFCC) reconstruction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, TFCC reconstruction.

Decision rationale: The patient is a 56 year old female with chronic right wrist pain and MRI documenting a right TFCC tear. The patient has undergone extensive conservative management including bracing, physical therapy, activity modification and medical management. From ODG, Forearm, Wrist and Hand, TFCC reconstruction: TFCC is 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. 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. (Shih, 2005).' Thus, arthroscopy with TFCC repair should be considered medically necessary. The UR had stated there was not an MRI confirmed diagnosis of a tear and that a steroid injection had not been performed. Based on the medical records provided for this review, the patient had been diagnosed with a TFCC tear on MRI examination. In addition, given the confirmatory diagnosis and continued relevant wrist pain despite appropriate conservative management, a steroid injection would not likely change the course of treatment.

Internal medicine per-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guidline.gov/content.aspx?id=48408> Peri operative protocol, Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back pain, Preoperative testing, general.

Decision rationale: Based on the entirety of the medical record the patient is not noted to have evidence of significant illness that would require extensive work-up. However, a preoperative history and physical examination should be considered medical necessary to stratify the patient's risk and determine if further medical testing is necessary. From ODG guidelines and as general anesthesia is likely to be performed, preoperative testing should be as follows: An alternative to routine preoperative testing for the purposes of determining fitness for anesthesia and identifying patients at high risk of postoperative complications may be to conduct a history and physical examination, with selective testing based on the clinician's findings. Thus, an entire preoperative medical clearance is not medically necessary, but a history and physical would be to drive further testing in the form of medical clearance would be necessary. Therefore, a preoperative medical clearance is medically necessary.

Post operative physical therapy for the right wrist, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: As the procedure was considered medically necessary, post-operative physical therapy should be considered based on the following: TFCC injuries-debridement (arthroscopic) [DWC]: Postsurgical treatment:10 visits over 10 weeks-Postsurgical physical medicine treatment period: 4 months. A request for 12 visits exceeds the recommendations and should not be considered medically necessary.