

<b>Case Number:</b>	CM15-0162737		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 injured worker is a 54 year old male, who sustained an industrial injury on 11-20-2014. He has reported injury to the right wrist. The diagnoses have included right wrist joint pain; right triangular fibrocartilage complex tear; status post right wrist arthroscopy, on 03-17-2015; and right ulnar impaction syndrome. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. A progress report from the treating physician, dated 07-30-2015, documented an evaluation with the injured worker. The injured worker reported right wrist pain; he feels the same; he has followed up with the hand surgeon who recommends surgery for symptom relief; he wants to go ahead with the surgery; the pain in the right wrist that radiates up the forearm; the pain is described as aching, burning, cramping, sharp, and numbness; the pain is continuous and rated at 6 out of 10 in intensity; there is increased pain with forceful grabbing, lifting, repetitive keyboarding, and writing; and there is numbness and weakness in the hand and finger. Objective findings included the right wrist is in a brace; there is tenderness and swelling to the medial right wrist; he is able to move the fingers and notes dulled sensation in all fingers; motor strength is 5 out of 5; grip test is decreased on the right; and sensation is dulled in the fingers and forearm. The treatment plan has included the request for partial ulnar styloid excision of the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Partial ulnar styloid excision of the right wrist: 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-Triangular fibrocartilage complex (TFCC) reconstruction.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Book Chapter Ulnar Styloid Triquetral Impaction. A. Alan Giachino BPHE, MD, FRCS (C), Alison I. McIntyre BSc(H) and Anna F. Conway MA Principles and Practice of Wrist Surgery, CHAPTER 49, 511-522.

**Decision rationale:** The patient is a 54 year old with ulnar-sided right wrist pain who previously had undergone right wrist TFCC debridement and ulnar shortening on 3/17/15. Following this procedure, the patient was documented not to have had improvement in his ulnar-sided wrist pain. Postoperatively, the patient underwent physical therapy, medical management, activity modification and bracing without improvement. The patient was diagnosed with ulnar impaction syndrome attributed to the ulnar styloid process. However, this diagnosis was not confirmed by radiographic studies and was not treated non-operatively with steroid injection. From the reference, Treatment of USTI (Ulnar Styloid Triquetral Impaction) includes nonoperative management such as non-steroidal anti-inflammatory drugs, therapy, orthoses, and corticosteroid injections. Operative management varies. [REDACTED] and [REDACTED] only described performing an excision of the ulnar styloid. For these series of long ulnar styloids, excision would have been sufficient. The researchers had good results. When USTI is the result of a combination of factors (this is most often the situation), and when more than one diagnosis is present, the surgical treatment varies, and a simple excision of the ulnar styloid is no longer the only procedure necessary. In all instances, the USTI component of the treatment is to decrease the opportunity for the ulnar styloid to impact the triquetrum. Indications for and Contraindications to Ulnar Styloid Excision: Following are indications for performing an excision of the ulnar styloid for USTI: 1. The diagnosis of USTI is clear; the symptoms are recalcitrant to rest, anti-inflammatory medications, and local steroid injections. 2. A long ulnar styloid is present, and USTI is the only diagnosis. 3. When USTI is present with a TFC tear with or without UCI, excision is performed in addition to arthroscopic treatment for the TFC tear and with or without wafer procedure. Thus, as a clear diagnosis of ulnar styloid impaction syndrome has not been made based on supportive radiographic studies and local steroid injections had not been documented, this procedure to excise the ulnar styloid should not be considered medically necessary.