

Case Number:	CM15-0205805		
Date Assigned:	10/22/2015	Date of Injury:	12/12/2013
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 51-year-old female who sustained an industrial injury on 12-12-13. The injured worker reported right wrist discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for right triangular fibrocartilage complex tear and right wrist joint pain. Medical records dated 8-31-15 indicates right ulnar wrist pain rated at 3 to 4 out of 10. Provider documentation dated 8-31-15 noted the work status as modified work. Treatment has included status post right wrist arthroscopy (11-6-14), injection therapy; ice application, right wrist magnetic resonance imaging, Ibuprofen, and H-wave unit. Objective findings dated 9-11-15 were notable for "full wrist and finger range of motion" tenderness to dorsal triangular fibrocartilage. The original utilization review (10-6-15) denied a request for right radius and ulna limb shortening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radius and ulna limb shortening: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation J Hand Surg Am. 2012 Dec; 37(12): 2468-74, DOI: 10.1016/j.jhsa.2012.09.011. Clinical radiographic, and arthroscopic outcomes after ulnar shortening osteotomy: a long-term follow-up study. Tatebe M, Shinohara T, Okui N, Yamamoto M, Hirata H, Imaeda T.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed. Chapter 19, Wrist Arthroscopy.

Decision rationale: This is a surgical request. The request for authorization for "radius and ulna limb shortening" is medically incorrect. Provided records suggest ulnar bone, shortening was discussed with the injured worker. Ulnar shortening is performed in individuals with persistent ulnar wrist pain attributed to ulnar-carpal abutment. Such surgery is beyond the scope of the California MTUS guidelines, but discussed in the specialty text referenced above. Normally, the 2 forearm bones (the radius and ulna) are equal in length at the wrist which is described as ulnar neutral variance. In some individuals, the ulna is longer than the radius and mechanically there is more force in the ulnar side of the wrist, which can contribute to ulnar pain described as ulnocarpal impaction syndrome. In this case, the injured worker has been treated for ulnar sided wrist pain dating back to 2013. The radiology reports of January 22, 2014 x-rays and April 4, 2014 MRI notes no abnormal radius-ulnar length. An April 14, 2014 report specifically notes, "neutral ulnar variant" or normal ulnar length. November 6, 2014 surgery was performed for the ulnar wrist symptoms. Repeat surgery in the same location for the same symptoms has decreased success rates. Records indicate that the injured worker's ulna is normal length and therefore surgically cutting and shortening the bone is not indicated. With prior surgery for the same symptoms having failed and normal ulnar length, there is no reasonable expectation that ulnar shortening would result in functional improvement. Therefore, the requested surgery is determined to be unnecessary.