

<b>Case Number:</b>	CM15-0028268		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic 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 49 year old female, who sustained an industrial injury on 09/29/2010. She has reported right shoulder and right wrist pain. The diagnoses have included sprain/strain, shoulder and upper arm; rotator cuff syndrome; labral tear, shoulder; and tear of triangular fibrocartilage complex, right wrist, traumatic. Treatment to date has included medications, physical therapy, and surgical intervention. Medications have included Ibuprofen. An evaluation report from the treating physician, dated 10/10/2014, documented a visit with the injured worker. The injured worker reported persistent severe right shoulder and right wrist pain; increasing left arm pain, with radicular pain from her left elbow into her wrist and hand with associated numbness. Objective findings included tenderness to the right biceps, right volar ulnar wrist, right dorsal ulnar wrist; decreased range of motion of the right shoulder and right wrist; and residual swelling about the entire anterior shoulder. Request is being made for right wrist arthroscopy with TFCC (triangular fibrocartilage complex) debridement. On 01/16/2015 Utilization Review non-certified a Right wrist arthroscopy with TFCC debridement. The CA MTUS, ACOEM and the ODG were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of a Right wrist arthroscopy with TFCC debridement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist arthroscopy with TFCC debridement:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation ODG: Section: Forearm, Wrist, and Hand, Topic: Triangular fibrocartilage complex reconstruction, Diagnostic arthroscopy.

**Decision rationale:** ODG guidelines indicate diagnostic arthroscopy for relatively acute injuries as an option if there are negative results on imaging but symptoms continue after 4-12 weeks of conservative treatment. The purpose of the arthroscopy is to acutely repair significant ligament injuries. This injury is 4 years old and the acute phase is clearly over. ODG guidelines also indicate triangular fibrocartilage complex tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure as an effective method for posttraumatic chronic TFCC tears with distal radioulnar joint instability. California MTUS guidelines indicate referral for surgical considerations in patients who have red flags of a serious nature, failed to respond to conservative management and have clinical and special study evidence of a lesion that has been shown to benefit in both the short and long-term from surgical intervention. The documentation provided does not indicate any recent conservative care specific to the wrist for weeks/ months with associated failure. As such, the guidelines do not recommend arthroscopy of the wrist with surgical debridement of the TFCC and the medical necessity of the request has not been substantiated.