

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0211406 |                              |            |
| <b>Date Assigned:</b> | 10/30/2015   | <b>Date of Injury:</b>       | 04/03/2013 |
| <b>Decision Date:</b> | 12/14/2015   | <b>UR Denial Date:</b>       | 10/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2015 |

### 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: Illinois, California, Texas  
 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:

This injured worker is a 32-year-old female who sustained an industrial injury on 4/3/13. Records indicated that the injured worker sustained a right wrist triangular fibrocartilage complex (TFCC) tear and underwent surgery in 2014. The 7/2/15 treating physician report indicated that the injured worker fell approximately 2 weeks ago with increase in right wrist pain. She reported that she was feeling better when previously released. A right TFCC re-tear was diagnosed. Conservative treatment included activity modification and splinting. Records documented an injection to the right wrist on 7/21/15 with no documentation of response. The 8/30/15 right wrist MRI impression documented an old sprain of the scapholunate ligament without defect or diastasis. There was adjacent minimal focal arthrosis of the radial articular surface. There was wrist joint synovitis dorsally adjacent to a mild to intermediated grade sprain of the extrinsic dorsal ligaments. No through and through tear was identified. There was no evidence for carpal fracture. Findings documented no evidence of a defect to suggest tear of the triangular fibrocartilage meniscus. The styloid attachments and extensor carpi ulnaris were intact. There was no evidence of distal radial ulnar joint synovitis or evidence for tenosynovitis. The 9/29/15 treating physician report cited grade 7/10 right wrist pain described as throbbing, shooting, sharp, episodic and radiating type pain. She reported that her pain was quite severe and she had difficulty moving or using her wrist. Pain was increased with activity and reduced with rest. Right wrist exam documented tenderness to palpation globally, tenderness to palpation over the triangular fibrocartilage complex (TFCC), and obvious edema with obvious asymmetry in the right wrist compared to the left wrist. There was diffuse erythema to palpation over the distal

aspect of the ulnar nerve of the TFCC aspect of the wrist. Right wrist range of motion was within normal limits. Neurologic exam was within normal limits. The treatment plan recommended right wrist arthroscopic synovectomy and TFCC debridement and/or repair. Authorization was requested for right arthroscopy triangular fibrocartilage complex (TFCC) debridement and-or repair and right arthroscopy synovectomy. The 10/9/15 utilization review non-certified the requests for right arthroscopy triangular fibrocartilage complex (TFCC) debridement and-or repair and right arthroscopy synovectomy as the medical necessity was not established based on the available information.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right arthroscopy triangular fibrocartilage complex (TFCC) debridement and/or repair:**  
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.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Triangular fibrocartilage complex (TFCC) reconstruction.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, 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. The Official Disability Guidelines recommend TFCC reconstruction 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. Guideline criteria have not been met. This injured worker presents with on-going right wrist pain and functional limitations following a fall and re-injury in June 2015. Clinical exam findings document global tenderness to palpation, TFCC tenderness, and significant edema. There were no imaging findings of TFCC tear. There was imaging evidence of dorsal wrist synovitis. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

**Right arthroscopy synovectomy:** 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.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who fail to respond to conservative management, 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. Guideline criteria have not been fully met. This injured worker presents with on-going right wrist pain and functional limitations following a fall and re-injury in June 2015. Clinical exam findings document global tenderness to palpation, TFCC tenderness, and significant edema. There were no imaging findings of TFCC tear. There was imaging evidence of dorsal wrist synovitis. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.