

<b>Case Number:</b>	CM15-0052775		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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:

The injured worker is a 43-year-old male who sustained an industrial injury on 6/30/14. The mechanism of injury was not documented. Past surgical history was positive for right wrist surgery in 2012. The 8/20/14 right wrist MRI impression documented a tear of the scapholunate ligament versus post-surgical changes, no diastasis seen. The triangular fibrocartilage complex (TFCC) appears normal. There was a 2 mm dorsal ganglion. The 1/22/15 orthopedic report reported that the recent injection helped the pain on the ulnar side of the right wrist, but the pain on the radial side continued. He reported that it particularly hurt with twisting motions of the right wrist. Right wrist and hand exam documented full active and passive range of motion, with no atrophy, masses or deformities. Passive range of motion elicited clicking around the radial side of the wrist. He had minimal tenderness to palpation overlying the dorsoradial carpal joint of the right wrist, at the level of the scapholunate joint. He had a positive scaphoid shift test. Motor strength was within normal limits. Grip strength was 60/62/52 kg left and 48/51/64 kg right. X-rays of the right wrist showed no evidence of fracture, dislocation or foreign bodies. There was a widened scapholunate gap on the anterior-posterior and clenched fist views. The diagnosis included right wrist scapholunate ligament tear status post arthroscopic debridement and shrinkage, with possible recurrent symptoms. The injured worker had undergone extensive conservative management including splinting, therapy, and corticosteroid injection. The treatment plan recommended right wrist arthroscopy with possible debridement and repair of structures, such as the TFCC and open repair of the scapholunate ligament. The 1/29/15 treating physician report indicated the patient would like to undergo surgery as discussed. The treatment

plan recommended right wrist arthroscopy with possible debridement and repair of structures, such as the TFCC and open repair of the scapholunate ligament, percutaneous pinning, Kirschner wire fixation, and Mitek suture anchors. The 2/19/15 utilization review non-certified the request for right wrist arthroscopy for possible debridement and repair of structure, such as the scapholunate ligament or the triangular fibrocartilage complex, and the associated requests as there was no evidence of a TFCC tear and there was no loss of range of motion on exam or increased in scapholunate articulation on x-rays or MRI.

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

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

#### **Right Wrist Arthroscopy, Possible Debridement and Repair of Structure: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3699272>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Triangular fibrocartilage complex (TFCC) reconstruction and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 11 Hand, Wrist and Forearm Disorders (Update 2009), page(s) 80-81.

**Decision rationale:** The California MTUS guidelines state that surgical consideration may be indicated for patients who have red flags of a serious nature, 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 ACOEM Hand Wrist and Forearm Disorder Guidelines state that surgical treatment (arthroscopic or open) is recommended for patients with instability, concomitant fractures or symptoms that persistent without trending towards resolution despite non-operative treatment and the passage of approximately 3 to 6 weeks. The Official Disability Guidelines recommend TFCC reconstruction as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex 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 been met. This patient presents with continued radial wrist pain. There was clicking documented in the physical exam, but there is no evidence of instability. Provocative imaging suggests a gap in the intercarpal space and instability has been noted on provocative testing. Reasonable non-operative treatments have been tried and failed. Therefore, this request is medically necessary.

#### **Post-Operative Splint: 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, and Hand , Splint.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** The California MTUS guidelines support the use of post-operative splinting for a limited period of time. The ACOEM guidelines recommend splinting for the treatment of triangular fibrocartilage complex tears. This request for post-operative splinting is consistent with guidelines. Therefore, this request is medically necessary.

**Post-Operative Occupational Therapy (12-sessions, 3 times a week for 4 weeks):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 20.

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

**Decision rationale:** The California Post-Surgical Treatment Guidelines for wrist ligament repair suggest a general course of 20 post-operative visits over 6 months during the 8-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 10 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request for is medically necessary.