

Case Number:	CM13-0055874		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2013
Decision Date:	03/30/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/21/2013

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:

This 43 year old man sustained an industrial injury on 8/14/2013 after a slip and fall at work. Treatment has included oral medications, bracing, and prolonged immobilization. Physician notes dated 10/21/2013 show no pain over the hook of hamate and increased pain with resisted pronation and supination. Recommendations include the surgical interventions in dispute and left ECU tendon sheath corticosteroid injections. On 11/1/2013, Utilization Review evaluated prescriptions for triangular fibrocartilage complex with possible synovectomy and triangular debridement repair and left wrist scope to assess scapholunate interosseus ligament, that were submitted on 11/29/2013. The UR physician noted the worker has not exhausted all conservative treatment including ECU injection and physical therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review. Documentation from 1/20/14 notes chronic left wrist pain that has been treated with splinting, medical management(NSAIDs and narcotics), activity restriction, home exercise program, physical therapy and steroid injection(12/16/13). Previous MRI had shown a left TFCC tear, ECU teat/tendonitis and possible perforation of the scapholunate ligament. Previous examinations documented pain over the ulnar snuffbox/fovea and pain is worsened with axial compression and radioulnar deviation. Previous X-ray was reported as negative for fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIANGULAR FIBROCARILAGE COMPLEX WITH POSSIBLE SYNOVECTOMY:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.GUIDELINE.GOV/CONTENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, TFCC reconstruction

Decision rationale: The patient is a 43 year old male with a documented TFCC tear on MRI examination and has failed extensive conservative management, including bracing, medical management, physical therapy, home exercise program and steroid injection. From ODG, TFCC is recommended 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.' Thus, arthroscopy with TFCC reconstruction should be considered medically necessary. The UR had stated there was not an exhaustion of conservative management. However, later medical documentation provided a more complete trial of conservative management as noted above(including steroid injection).

TRIANGULAR DEBRIDEMENT REPAIR: 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, & HAND

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, TFCC reconstruction

Decision rationale: The patient is a 43 year old male with a documented TFCC tear on MRI examination with persistent left ulnar-sided wrist pain that has failed extensive conservative management over a greater than 3 month period, including bracing, medical management, physical therapy, home exercise program and steroid injection. From ODG, TFCC is recommended 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.' Thus, arthroscopy with TFCC reconstruction/repair/debridement should be considered medically necessary. The UR had stated that conservative management had not been exhaustive. However, later medical documentation provided a more complete trial of conservative management as noted above(including a steroid injection).

LEFT WRIST SCOPE TO ASSESS SCAPHOLUNATE INTEROSSEOUS LIGAMENT AND TRIANGULAR FIBROCARILAGE COMPLEX (TFCC): 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, & HAND

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist and Hand, Diagnostic Arthroscopy

Decision rationale: The patient is a 43 year old male with a documented TFCC tear and possible scapho-lunate perforation on MRI examination with significant left wrist pain that has failed extensive conservative management, including bracing, medical management, physical therapy, home exercise program and steroid injection. From ODG, According to the Official Disability Guidelines, a diagnostic arthroscopy is recommended as an option after four to twelve (4-12) weeks of conservative care, with continued complaints of pain despite normal radiographs. The patient is noted to have undergone greater than 12 weeks of conservative care with continued significant wrist pain. Xrays were normal and MRI showed possible scapho-ligament perforation as well as a TFCC tear. Therefore, arthroscopy with TFCC reconstruction and evaluation of the scapholunate ligament should be considered medically necessary. The UR had stated that conservative management had not been exhausted. However, later medical documentation provided a more complete trial of conservative management as noted above (including a steroid injection).