

<b>Case Number:</b>	CM14-0169001		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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. The expert reviewer is Board Certified in Plastic Surgery and is licensed to practice in Oregon. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 33 year old injured 7/23/12. Clinical records for review indicate the claimant was a warehouse worker when he was lifting a 60 pound object, developing acute pain into his right wrist. Following a course of conservative care, this individual has undergone arthroscopic surgery to the right wrist in the form of a debridement of the triangular fibrocartilage cartilage on 11/21/12. Post operatively there has been continued complaints of pain. The recent MRI scan reviewed from 7/30/14 showed a triangular fibrocartilage cartilage perforation demonstrated by extension of intra-articular contrast on arthrogram. A follow-up report of 9/18/14 showed subjective complaints of pain with lifting small objections. Physical examination showed diffuse tenderness and a positive Finkelstein test at the first dorsal extensor compartment. There was pain at extremes of range of motion in the "karate char position. It states that the claimant has failed conservative measures including only temporary relief with night time splint use, analgesics and home exercises. Based on continued complaints of pain, there is a request for a right wrist arthroscopy, debridement and synovectomy with TFCC reconstruction and repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right wrist arthroscopy with debridement, Synovectomy #4:** 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)

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

**Decision rationale:** The patient has continued pain in the TFCC region, raising a concern that the procedure performed by Dr. [REDACTED] was insufficient or inadequate. Pain is continuing despite conservative management including splinting and therapy. Per ODG: Triangular fibrocartilage complex (TFCC) reconstruction 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. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. (Corso, 1997) (Shih, 2000) Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study. The patient has failed conservative care, and further surgery to confirm an adequate debridement is warranted. Therefore the request is medically necessary.

**Wrist Capsulorrhaphy Reconstruction 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)

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

**Decision rationale:** According to ACOEM Chapter 11, page 270, "Referral for hand surgery consultation may be indicated for patients who: a) Have red flags of a serious nature, b) Fail to respond to conservative management, including worksite modifications, c) 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." This patient has some SL widening but does not have clear clinical or special study evidence of scapholunate dissociation or any other wrist condition that requires treatment with capulorrhaphy. Therefore the request is not medically necessary.

**Neurolysis Dorsal Ulnar and Median Nerves:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Nerve Repair

**Decision rationale:** The records do not provide evidence of nerve damage to dorsal nerves (e.g., chronic numbness) such that neurolysis is indicated. The patient's primary complaint is wrist pain related to his TFCC injury. The request is not medically necessary.

**Excision Pin Percutaneous Skin Fix N DRUJ Dislocation Injection Anesthetic:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist and Hand, TFCC surgery.

**Decision rationale:** There is not a clear rationale for placement of pins. Pin placement is not generally a component of TFCC debridement although it may be required for TFCC reattachment. If pins are placed, a subsequent request for pin removal can be submitted. The request is medically necessary.