Case Number:	CM15-0000695		
Date Assigned:	01/12/2015	**Date of Injury:**	10/10/2012
Decision Date:	03/31/2015	**UR Denial Date:**	12/10/2014
Priority:	Standard	**Application Received:**	01/02/2015

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 52-year-old female who sustained an industrial injury on 10/10/12. A traction-type injury was reported to both wrists while helping to move a patient. She underwent bilateral wrist arthroscopies with debridement for bilateral ulnar impaction syndrome. The 3/18/14 left wrist MRI demonstrated mild laxity of the transverse carpal ligament. There was a full thickness of the triangular fibrocartilage that was larger compared to the prior study. Findings suggested mild ulnocarpal abutment syndrome with small cystic changes and marginal edema at the proximal ulnar margin of the lunate. There was mild distal intersection syndrome. The patient underwent right wrist arthroscopy, debridement of triangular fibrocartilage complex (TFCC), right open ulnar shortening, and right posterior interosseous neurectomy on 7/15/14. She participated in post-op occupational therapy for 10 sessions and discharged on 9/18/14. The 12/3/14 treating physician report indicated that the patient was comfortable following right wrist surgery, was regaining strength in the hand and fingers, and was able to perform more activities of daily living. There was persistent left wrist pain, mainly on the ulnar aspect. Pain was worse with pinching, pulling and grasping. She had been treated with physical therapy, activity modification, anti-inflammatory medications, corticosteroid injections, and prior surgery. Right wrist exam documented dorsal, ulnar and incisional tenderness. X-rays of the right forearm showed adequate alignment of the ulnar osteotomy with intact hardware and evidence of on-going healing at the osteotomy site. Left wrist exam documented tenderness over the ulnar aspect and increased pain with forced ulnar deviation. The diagnosis included left wrist ulnar impaction syndrome, grade 3 scapholunate ligament injury, and stenosing flexor tenosynovitis left thumb.

Left wrist surgery was recommended given the failure of conservative non-operative and previous operative treatment. On 12/10/14, utilization review non-certified a left wrist arthroscopy, synovectomy, possible debridement of TFCC, possible posterior interosseous neurectomy, and open ulnar shortening osteotomy and additional postoperative occupational (hand) therapy twice a week for three weeks for the right hand/wrist, noting the surgical procedure was not medically indicated and that additional occupational therapy would not be medically indicated. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the MTUS Postsurgical Medical Treatment Guidelines were cited. On January 2, 2015, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional postoperative occupational (hand) therapy twice a week for three weeks for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99,Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 4-month post-surgical treatment period had expired relative to the right hand/wrist surgery. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. The injured worker completed the recommended general course of post-op occupational therapy for the right hand/wrist surgery and was released on 9/18/14 to a home exercise program. There is no current specific functional deficit or functional treatment goal to be addressed by additional supervised physical therapy. Therefore, this request is not medically necessary.

Left wrist arthroscopy, synovectomy, possible debridement of TFCC, possible posterior interosseous neurectomy and open ulnar shortening osteotomy: Overturned

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 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 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 updated hand, wrist, and forearm guidelines recommend ulnar shortening procedures for chronic triangular fibrocartilage complex tears for which non-surgical treatment is unsuccessful and is demonstrable ulna positive variance. In select cases with ulna positive variance and without resolution of considerable or incapacitating symptoms or lacking trending towards resolution, this procedure is recommended.Guideline criteria have been met. This patient presents with persistent function-limiting left wrist pain. Prior surgical debridement with another provider failed to provide relief of symptoms. Clinical exam and current imaging evidence are consistent with ulnar abutment syndrome and chronic triangular fibrocartilage complex tear. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.