

Case Number:	CM15-0010737		
Date Assigned:	01/28/2015	Date of Injury:	05/11/2014
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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 30 year old female, who sustained an industrial injury on 5/11/14. Injury was sustained to the right elbow and wrist relative to a fall impacting her right hand palm. Treatment to date has included splinting, activity modification, corticosteroid injection, physical therapy, and medications. The 10/22/14 right wrist MR arthrogram report indicated a normal exam. The orthopedic reports from 9/11/14 through 12/16/14 cited persistent right wrist pain, limited range of motion, tenderness directly over the scapholunate and lunotriquetral intervals, and positive ballottement testing. MR arthrogram findings of partial scapholunate ligament tear were documented. On December 31, 2014, Utilization Review non-certified a right wrist arthroscopy with synovectomy along with scapholunate and possible lunotriquetral stabilization and pinning, noting there was no documentation of clear imaging evidence of a lesion that had been shown to benefit in both the short and long-term from surgical repair. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. The 1/5/15 treating physician addendum report indicated that the patient had tenderness and evidence of instability at the scapholunate interval. The MR arthrogram showed a partial scapholunate ligament tear and was misread as normal. If left untreated, she may develop a complete scapholunate dissociation. The 1/19/15 appeal report cited worsening symptoms with clicking and popping in the wrist. Physical exam documented tenderness over the scapholunate and lunotriquetral intervals with obvious clunking with ballottement testing of the scapholunate interval and pain with ballottement testing of the lunotriquetral interval. The treating physician stated that the MR arthrogram demonstrated a

scapholunate ligament tear, despite the normal reading from the radiologist. She was developing worsening instability and there was a short window to treat this arthroscopically with a minimally invasive procedure. Further delay will like result in the need for a more extensive open scapholunate ligament reconstruction and dorsal capsulodesis. On January 20, 2015, the injured worker submitted an application for IMR for review of a right wrist arthroscopy with synovectomy along with scapholunate and possible lunotriquetral stabilization and pinning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right wrist arthroscopy with synovectomy along with scapholunate and possible lunotriquetral stabilization and pinning: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, table 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Forearm, Wrist & Hand: Triangular fibrocartilage complex (TFCC) reconstruction

Decision rationale: The California MTUS guidelines indicate 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 surgical lesion. The Official Disability Guidelines recommend arthroscopic repair of peripheral tears of the triangular fibrocartilage complex. Guideline criteria have been met. This patient presents with persistent right wrist pain and worsening instability. The history of injury, signs/symptoms, and clinical exam findings are consistent with a partial tear of the scapholunate ligament and the surgeon's interpretation of the MR arthrogram. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. The requested surgery, including at the level of the lunotriquetral interval, is medically appropriate. Therefore, this request is medically necessary.