

Case Number:	CM15-0123004		
Date Assigned:	07/07/2015	Date of Injury:	02/22/2014
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, Indiana, Oregon
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 32 year old female, who sustained an industrial injury on 2/22/14. She reported wrist pain. The injured worker was diagnosed as having rule out right wrist triangular fibrocartilage tear and rule out ulnar nerve entrapment neuropathy. Treatment to date has included a right wrist injection to the triangular fibrocartilage and cortisone injections. A MRI of the right wrist obtained on 1/9/15 was noted to have revealed tenosynovitis. On 5/12/15 the treating physician noted refractory symptoms along the distal ulna and ulna positive variance. Decreased extension of the right wrist and decreased right grip strength were also noted. Currently, the injured worker complains of tenderness over the right wrist triangular fibrocartilage region at the dorsal ulnar aspect. The treating physician requested authorization for a right ulnar shortening osteotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Ulnar Shortening Osteotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand/Ulnar Shortening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ulnar shortening osteotomy for TFCC tears. According to ODG Forearm, Wrist and Hand, Triangular fibrocartilage complex (TFCC) reconstruction, "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. 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". In this case, there is no evidence of a need for DRUJ instability or ulnar positive variance on ulnar variance views to warrant shortening osteotomy. Based on this, the request is not medically necessary.