

<b>Case Number:</b>	CM15-0093260		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 50-year-old male who sustained an industrial injury on 2/12/14. Injury occurred when he slipped in a puddle of soap, oil and water and fell. He sustained a right proximal humerus four-part fracture and underwent open reduction and internal fixation (ORIF) right proximal humerus four-part fracture on 2/13/14. Conservative treatment included extensive physical therapy. The 10/21/14 right wrist MR arthrogram impression documented neutral ulnar variance with subtle ulnotriquetral impaction, triangular fibrocartilage complex (TFCC) tear at the ulnar insertion, radiolunate ligament tear, minimal fluid in the distal radioulnar, radioscapoid, and pisotriquetral joint spaced, possible ganglion or synovial cyst anterior to the ulnar styloid, and a bone cyst within the capitate. The 10/23/14 treating physician report reported that the injured worker was afraid of water. There was a clear indication noted between the water he slipped on that was causing his fear and anxiety. This was diagnosed as post-traumatic stress disorder and referral to a psychiatrist or psychologist was recommended. The 12/2/14 utilization review certified a request for right wrist arthroscopy and debridement of a complex triangular fibrocartilage complex (TFCC) tear but subsequent records do not reflect that surgery was provided. The injured worker underwent right shoulder manipulation under anesthesia and left knee arthroscopy with partial medial meniscectomy and debridement on 2/5/15. The 3/13/15 primary treating physician report indicated that the right shoulder and right knee were improving. There was moderate to severe right wrist pain that was increased with movement and use, and decreased with rest and medications. Left shoulder pain was worse with overhead activities. A left wrist exam was limited to range of motion, which was reported normal. There was no diagnosis relative to the left wrist. The treatment plan indicated that a left wrist MRI was indicated. The 3/10/15 left wrist MR arthrogram impression documented a subchondral cyst at the lunate, triquetral and ulnar head suggestive of ulnocarpal impaction, a small cyst at the capitate, positive ulnar variance, TFCC tear, avascular necrosis of the ulnar surface of the lunate,

and osteoarthropathy of the lunotriquetral joint. The 4/17/15 primary treating physician report stated the injured worker was doing better with his right shoulder, but had residual medial joint line pain in the right knee. He had increased pain in the left knee and left shoulder. Left wrist MRI findings were noted. Wrist exam findings were limited to the right wrist, but for range of motion which was normal bilaterally. The diagnosis included right wrist TFCC tear, ligament tears and positive ulnar variance, status post ORIF with contracture right shoulder, left shoulder compensatory strain, right tennis elbow, cervical strain, multilevel cervical disc herniation and degenerative disc disease, right upper extremity radiculitis, lumbar degenerative disc disease, right knee medial and lateral meniscus tears, and left knee strain. The treatment plan recommended left wrist arthroscopy with debridement of triangular fibrocartilage complex tear and possible wafer procedure for the ulna to reduce ulnar positive variance. Aquatic therapy was recommended for the shoulders and knees. The 5/7/15 utilization review non-certified the request for left wrist arthroscopy with debridement of a TFCC tear and possible wafer procedure for the ulna as there was no indication that the injured worker had had conservative treatment for the left wrist and current exam did not outline findings consistent with left wrist TFCC tear. The request for aquatic therapy 3 times per week for 6 weeks for shoulders and knees was non-certified as there was no indication that the injured worker was unable to tolerate land-based treatment. The 5/22/15 primary treating physician report indicated that the injured worker was doing better regarding his right shoulder pain but had been denied left wrist arthroscopic surgery. He had also been denied aquatic therapy that had been giving him functional improvement and pain relief, and increased range of motion. He reported that his motion was now limited. He was having increased right wrist pain secondary to compensatory consequence. Right wrist exam documented dorsal tenderness, positive lift-off test, and pain with resisted pronation, flexion and extension of the wrist. Bilateral wrist range of motion was reported within normal limits. The treatment plan recommended therapy for his bilateral wrists, and aquatic therapy for his shoulders, wrists, and knee, as this was giving him marked relief of his symptoms and increased left shoulder range of motion. He was indicated for cervical spine surgery and left wrist surgery. Medication was refilled to include diclofenac and omeprazole.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left wrist arthroscopy with debridement of TFCC tear and possible wafer procedure for the ulna to reduce ulnar positive variance:** 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), forearm, wrist and hand procedure summary Canale: Campbells operative orthopaedics, Mosby Inc p. 3118, 3121, 3577.

**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, 107-108.

**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 Hand, Wrist, and Forearm Guidelines state that surgical repair (arthroscopic or open) of subacute or chronic triangular fibrocartilage complex tears is recommended for patients with instability, concomitant fractures, or symptoms that persist without trending towards resolution despite non-operative treatment and the passage of approximately 3 to 6 weeks. Ulna shortening and wafer procedures are recommended for select cases of chronic Types IIC and IID (central tear, chondromalacia, with/without lunotriquetral ligament disruption) TFCC tears, which non-surgical treatment is unsuccessful and there is a demonstrable ulna positive variance. Guideline criteria have not been met. Records suggest a recent onset of left wrist complaints. There is no clinical exam evidence of left wrist instability. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left wrist and failure has not been submitted. Therefore, this request is not medically necessary at this time.

**Aquatic therapy 3 times a week for 6 weeks, shoulders and knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine Page(s): 24, 98-99.

**Decision rationale:** The California MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. The physical medicine recommendations are used as a guideline for the number of supervised visits. Guidelines additionally indicate that patients are instructed and expected to continue active therapies on an independent basis in order to maintain improvement levels. Guideline criteria have not been met. This patient has been attending physical therapy over the course of his injury with no documentation that he was intolerant to land-based physical therapy. There is no documentation of co-morbidities, such as extreme obesity, that would support the medical necessity of aquatic therapy over physical therapy or an independent home exercise program. Therefore, this request is not medically necessary.