MAXIMUS Federal Services

Case Number:	CM15-0096801		
Date Assigned:	05/27/2015	Date of Injury:	03/12/2015
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/19/2015

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 21-year-old female, who sustained an industrial injury on 3/12/2015. She reported hitting her right wrist on a hostess stand. There was documentation of previous dislocation. She was diagnosed with hypermobility joint syndrome. Treatments to date include wrist splint, modified activity, anti-inflammatory and anagesic. Currently, she complained of significant prominence of the ulnar head of the right wrist, difficulty with rotation, and pain. On 4/2/15, the physical examination documented a significant prominence of the ulnar head with pain. There was crepitance with manipulation. The treating diagnoses included right wrist distal radioulnar joint avulsion sublaxation and instability. The plan of care included repair of the distal radioulnar joint by a closed reduction and fixation (ORIF). The appeal request was for authorization of the repair, pre-operative evaluation, and post-operative therapy twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of right distal radioulnar joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 270 recommends referral for hand surgery for patients with red flags, failure 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. CA MTUS/ACOEM is silent on the issue of TFCC reconstruction. ODG wrist is referenced. 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. Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpiulnaris 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, the MRI shows no lesions shown to benefit from surgical intervention. Further there is no documentation of 4 months of non-operative treatments. Based on this the guideline criteria are not satisfied and the request is not medically necessary.

Pre-operative clearance evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.