

Case Number:	CM13-0023300		
Date Assigned:	03/14/2014	Date of Injury:	08/09/2006
Decision Date:	05/21/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female who was injured in a work related accident on 08/09/06. Clinical records for review indicate the claimant to be with diagnoses of bilateral cubital and carpal tunnel syndrome as well as status post right shoulder arthroscopy, subacromial decompression. A 12/17/13 follow-up report indicated ongoing complaints of numbness and pain to the left wrist and hand. Objectively there was diminished grip strength with mild CMC joint tenderness, positive Tinel and elbow flexion test at the cubital tunnels bilaterally and positive Tinel's and Phalen's testing on the left wrist. There was also a positive Tinel's sign at the ulnar nerve at the left wrist. Given the claimant's failed response to conservative measures, surgical intervention in the form of a left carpal tunnel release with ulnar nerve decompression at the wrist was recommended. Electrodiagnostic studies reviewed from 06/04/13 demonstrated bilateral cubital tunnel syndrome and bilateral ulnar nerve compression at the wrist. There was no documentation of positive carpal tunnel findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE WITH ULNAR NERVE DECOMPRESSION TO LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California ACOEM Guidelines, surgical process to include a carpal tunnel release and ulnar decompression at the wrist would not be indicated. While the claimant's ulnar nerve appears to be affected on electrodiagnostic studies at both the elbow and the wrist, there is no current clinical electrodiagnostic evidence of carpal tunnel syndrome. Guidelines require correlation of electrodiagnostic testing with physical exam findings and that is not present here with respect to carpal tunnel syndrome. Absent correlation of examination findings on electrodiagnostic testing, the requested surgical procedure cannot be recommended as medically necessary.

PRESCRIPTION OF PRILOSEC 20MG, TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS guidelines would not support the continued use of Prilosec. This individual is with no indication of significant GI risk factor that would support the use of a proton pump inhibitor. She currently fails to satisfy MTUS guidelines in regards to GI risk factors and as such this medication cannot be recommended as medically necessary.

PRESCRIPTION OF VOLTAREN 100MG, DAILY WITH FOOD, #60: 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 Page(s): 72-77.

Decision rationale: The California MTUS guidelines would not support continued use of nonsteroidals. Nonsteroidal medication should be used at the lowest dose possible for the shortest period of time possible. The claimant's clinical presentation in this case is consistent with that of neuropathic findings. The need for chronic nonsteroidal use given the claimant's timeframe from injury and current clinical presentation and diagnosis would not be indicated.