

Case Number:	CM13-0025790		
Date Assigned:	11/20/2013	Date of Injury:	12/02/2010
Decision Date:	02/07/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The claimant is a 48-year-old female who was injured in work related accident on 12/02/10 sustaining an injury to the bilateral upper extremities. Recent clinical records for review include a recent operative report of 05/03/13 indicating the claimant underwent a right shoulder arthroscopy, extensive debridement, decompression, and rotator cuff repair. There are also records of a prior right carpal tunnel release procedure being performed 09/28/12. Most recent clinical assessment for review, of 07/01/13 with [REDACTED] indicated the claimant was with continued complaints of pain postoperatively, having recently undergone usage of medications, physical therapy and activity modifications. Physical examination performed at that date showed the upper extremities to be with left shoulder motion to 140 degrees of flexion, 40 degrees of extension and 120 degrees of abduction. There was 3/5 strength noted to the right shoulder. There was no documentation of weakness or further testing including postoperative electrodiagnostic studies to the upper extremities. The claimant was diagnosed with bilateral carpal tunnel syndrome, bilateral lateral epicondylitis, status post right carpal and cubital tunnel release from 09/25/12 and status post right shoulder rotator cuff repair. Clinical recommendations at present are for a left shoulder MRI, a right carpal tunnel and cubital tunnel release, preoperative medical clearance, postoperative physical therapy and the role of Prilosec, Tramadol and Vicodin for medication purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Based on California ACOEM Guidelines, MRI to the left shoulder would not be supported. Records in this case do not indicate significant weakness, functional deficit or mechanical finding to the left shoulder for which examination would lead for the need for imaging assessment. The absence of clinical examination would fail to necessitate the role of the above procedure.

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 170.

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

Decision rationale: Based on California ACOEM Guidelines, carpal tunnel release procedure would not be indicated. Available for review is a clinical record indicating the claimant underwent a right carpal tunnel release procedure in September of 2012. Revision carpal tunnel release procedure in the absence of physical examination findings or documentation of postoperative electrodiagnostic studies would not be supported.

Right Cubital Tunnel Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-38.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

Decision rationale: Based on California ACOEM Guidelines, Cubital tunnel release would not be indicated. In regards to the above diagnosis the claimant underwent a previous cubital tunnel release on 09/28/12. Postoperatively, there are no formal physical examination findings or electrodiagnostic studies for review to support the acute need of a revision procedure.

Pre-operative Medical Clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based on California ACOEM Guidelines, pre-operative medical clearance would not be indicated as the role of operative intervention has not been established.

Post-operative Physical Therapy, 18 sessions (3x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, 18 sessions of postoperative physical therapy would not be supported. Records do not indicate the need for operative intervention, thus negating the need for physical therapy.

Prilosec #90, 20mg, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based MTUS Chronic Pain Medical Treatment Guidelines, this claimant's fails to meet any specific indicator of GI risk that would support the need of a protective proton pump inhibitor. The role of Prilosec at this stage in the claimant's clinical course would not be indicated.

Tramadol HCL ER #30, 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram). Page(s): 91-94.

Decision rationale: Based MTUS Chronic Pain Medical Treatment Guidelines, continued role of Tramadol would not be indicated. Guideline criteria, for use of Tramadol in the chronic setting, does not indicate its use or need beyond weeks. Guidelines do not support the long term use of this agent with lack of documented success for treatment longer than weeks. The continued role of this agent would not be indicated.

Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based MTUS Chronic Pain Medical Treatment Guidelines, the continued treatment with Vicodin in this case would not be supported. Clinical records indicate that the claimant has shown no significant benefit over the short course with use of short acting narcotic analgesics. Guideline criteria, indicates discontinuation of these agents, if no significant demonstration of benefit or functional improvement is noted. The continued role of this agent would not be indicated.