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| Case Number: | CM13-0034794 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 06/02/2009 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 patient is a 58-year-old female who reported an injury on 06/02/2009, mechanism of injury not stated. Diagnoses include rotator cuff tear acute, cervical radiculitis, and carpal tunnel syndrome. The patient is reported on 08/30/2013 to complain of cervical spine pain, bilateral wrist pain and right shoulder pain. She reported her pain was from doing a lot of repetitive movement at work. On physical exam, the patient is noted to have no atrophy of the bilateral wrists, no scars or deformities noted. She is noted to have active flexion of 80 degrees, active extension of 70 degrees, radial deviation of 20 degrees, and ulnar deviation of 30 degrees bilaterally which was pain free. Examination of the right shoulder noted there was tenderness over the subacromial joint and the patient had a positive Neer's and Hawkins test and decreased strength and range of motion of the right shoulder on examination. On cervical spine examination, the patient is noted to have no spinous paraspinous trapezial or periscapular tenderness, normal sensory examination. Extension was noted to be 55 degrees. Flexion was 45 degrees. Lateral flexion was 40 degrees bilaterally and rotation was 70 degrees bilaterally. The patient is reported to have severe bilateral carpal tunnel syndrome and a request was submitted for left carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

left carpal tunnel release procedure: 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): 270-271.

Decision rationale: The California MTUS Guidelines recommend a carpal tunnel release for patients who have positive findings of carpal tunnel syndrome on physical exam and diagnosis supported by nerve conduction studies. As there is no documentation of physical exam findings consistent with carpal tunnel syndrome and there is no documentation the patient has undergone electrodiagnostic studies that confirm the presence of carpal tunnel syndrome, the requested surgery does not meet guideline recommendations. Based on the above, the request for a left carpal tunnel release procedure is non-certified

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS Guidelines recommend an MRI of the cervical spine for physiological evidence in the form of definitive neurological findings on physical examination with conservative care. As there is no documentation on physical examination of any neurological deficits nor restricted range of motion of the cervical spine nor tenderness to palpation of the cervical spine, the request for an MRI of the cervical spine does not meet guideline recommendations. Based on the above, the requested MRI of the cervical spine is non-certified.