

<b>Case Number:</b>	CM13-0049733		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 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 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:

The patient is a 44 year old female with complaints at several sites. The agreed medical examination dated 12/12/12 revealed the patient having complaints of neck, bilateral shoulder, as well as left elbow pain. The note indicates the patient having undergone a left shoulder surgery in September of 2011. The patient stated that she had been driving a forklift and operating the steering wheel with the left hand. The patient developed pain at the left wrist and hand. The note indicates the patient utilizing Naprosyn and Cymbalta as well as Advil for pain relief. The patient stated that she had been involved with repetitive motions to include gripping and grasping at the left wrist. The patient reported a pulling type sensation in the left hand. The clinical note dated 10/28/13 indicates the patient having undergone an injection at the left carpal tunnel. The note indicates the patient having previously undergone a subacromial decompression at the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-261.

**Decision rationale:** The documentation indicates the patient complaining of left wrist and hand pain. The clinical notes indicate the patient showing a positive Phalen's and Tinel's sign at the left wrist. A carpal tunnel release is indicated for patients showing significant pathology confirmed by electrodiagnostic studies and the patient has completed all conservative treatments. No recent electrodiagnostic studies have been submitted confirming the patient's carpal tunnel syndrome. The clinical notes indicate the patient having undergone physical therapy; however, the patient has complaints at several regions of the body and therefore it is unclear if the patient's previously rendered therapy was focused on the left carpal tunnel syndrome symptoms. Additionally, no information was submitted regarding the patient's previous splinting or activity modifications. Given these findings, the request is not indicated as medically necessary.

**7-DAY RENTAL OF A COLD THERAPY UNIT: 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.

**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 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.

**8 POSTOPERATIVE PHYSICAL THERAPY VISITS: 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.