

Case Number:	CM13-0054972		
Date Assigned:	01/22/2014	Date of Injury:	01/22/2013
Decision Date:	06/06/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pennsylvania. 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 claimant is a 50-year-old female who sustained an injury to the left upper extremity while pushing a cart loaded with trays on January 22, 2013. The medical records provided for review included an August 30, 2013 electrodiagnostic report revealing left mild carpal tunnel syndrome with no radiculopathy. The orthopedic follow-up of October 10, 2013 indicated ongoing numbness and tingling of the left hand with examination showing a positive Phalen's testing with diminished grip strength. It was documented that conservative treatment for the left shoulder included a corticosteroid injection in May, physical therapy and activity modification. The report of an MRI dated April 14, 2013 revealed moderate to severe distal supraspinatus tendinosis without full thickness tearing. Examination revealed positive Hawkin's and impingement testing. The recommendation was made for shoulder arthroscopy with subacromial decompression and a left wrist carpal tunnel release procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT CARPAL TUNNEL RELEASE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,270.

Decision rationale: Based on the ACOEM Guidelines, a left carpal tunnel release procedure would be medically necessary. This individual has positive electrodiagnostic studies, positive exam findings of carpal tunnel syndrome and has failed conservative measures. ACOEM Guidelines recommend correlation between physical examination findings and electrodiagnostic studies before proceeding with surgery. This individual meets all necessary ACOEM Guidelines for a left carpal tunnel release.

LEFT SHOULDER ARTHROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on the ACOEM Guidelines, a left shoulder arthroscopy also would be supported. This individual has moderate to severe inflammatory findings on the MRI scan of April 2013 and is noted to have failed conservative care including physical therapy and a corticosteroid injection for a three to six month period of time. Given the claimant's continued positive physical exam findings, the role of operative intervention has been established according to the recommendation of the ACOEM Guidelines.