Case Number:	CM14-0014255		
Date Assigned:	02/26/2014	Date of Injury:	03/05/2013
Decision Date:	07/07/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/04/2014

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:

The injured worker is a 35-year-old male who reported an injury on March 5, 2013 after a fall which reportedly caused injury to the left side of his body. The injured worker underwent left shoulder arthroscopy on June 6, 2013 followed by postoperative physical therapy. The injured worker underwent an MRI on December 11, 2013 that documented there was bicipital tendonitis of the left shoulder and evidence of a partially resected anterior superior labrum with degenerative changes. The injured worker underwent an electrodiagnostic study on January 6, 2014 that documented the injured worker had mild signs and symptoms of carpal tunnel syndrome. The injured worker was evaluated on January 13, 2014. It was noted that the patient had ongoing left shoulder pain and hand numbness. Physical findings included limited range of motion of the left shoulder described as 90 degrees in abduction, 90 degrees in flexion with pain in all planes. It was documented that the injured worker had a positive impingement sign, positive Tinel's sign, and positive Phalen's sign. The injured worker's diagnoses included superior glenoid labrum lesion, carpal tunnel syndrome, and nerve root/plexus disorder. Repeat shoulder arthroscopy and carpal tunnel release were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The requested left shoulder arthroscopy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for patients who have significant examination findings supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to extensive conservative therapy and has persistent left shoulder pain and positive impingement. However, there was no significant evidence on the imaging study of lesion that would benefit from surgical intervention. Furthermore, the request as it is submitted does not clearly define the surgery being requested. There is no way to determine if this is for a diagnostic arthroscopy or to surgically address the injured worker's symptoms. As such, the requested left shoulder arthroscopy is not medically necessary or appropriate.

ENDOSCOPIC CARPAL TUNNEL RELEASE: 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): 270-271.

Decision rationale: The requested endoscopic carpal tunnel release is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends carpal tunnel release surgery for patients who have significant examination findings supported by an electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has examination findings supported by an electrodiagnostic study. However, the clinical documentation fails to identify that the injured worker has exhausted all lower levels of conservative treatment to include non-steroidal anti-inflammatory drugs, immobilization, and strengthening exercises. There is no documentation that the injured worker has undergone any type of activity modifications in the work place to assist with resolving the injured worker's carpal tunnel syndrome complaints. Furthermore, the request as it is submitted does not specifically identify whether this is for the left or right carpal tunnel. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested endoscopic carpal tunnel release is not medically necessary or appropriate.