

<b>Case Number:</b>	CM14-0020458		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 claimant is a 58-year-old who sustained injuries to the bilateral upper extremities in a work related accident on October 12, 2010. In the records provided for review is a report of the November 1, 2013 electrodiagnostic studies that showed evidence of bilateral median neuropathy at the wrist. There was no evidence of ulnar compression or cervical radicular findings. The clinical progress report of December 13, 2013 noted bilateral wrist complaints and pain in both shoulders and elbows. The report documented that current treatment included medications, activity restrictions and work modification. Examination of the shoulders showed bilateral tenderness at the trapezius as well as palpation of the subacromial space. There was tenderness over the AC joint, positive impingement testing and restricted range of motion at endpoints, right greater than left. Wrist examination demonstrated positive bilateral Finkelstein's, Phalen's and Tinel's testing. Treatment recommendations were for a carpal tunnel release, twelve postoperative sessions of physical therapy, preoperative medical clearance with a history and physical examination and laboratory testing and an MRI of the right shoulder and the right wrist for further assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL CLEARANCE WITH PRIMARY CARE PHYSICIAN TO INCLUDE COMPLETE WRITTEN H&P WITH LABS, EKG, AND CHEST X-RAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, 127.

**Decision rationale:** California American college of Occupational Environmental Medicine (ACOEM) Guidelines would not support the role of medical clearance with preoperative laboratory testing including x-rays of the chest, EKG and blood work. This individual is to undergo a carpal tunnel release procedure of the left wrist. The records provided for review do not demonstrate significant or underlying comorbidity factors that would necessitate the need for preoperative medical clearance or the testing being recommended for the operation in question. This specific request in this case would not be supported.

**POST-OPERATIVE PHYSICAL THERAPY 3 X 4 QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Postsurgical Rehabilitative Guidelines do not recommend the role of twelve sessions of physical therapy. While it is noted this individual is to undergo carpal tunnel release, the Postsurgical Guidelines would recommend three to eight sessions of postoperative physical therapy. The request for twelve sessions would exceed the Postsurgical Guidelines and would not be supported.

**MRI OF THE RIGHT SHOULDER AND RIGHT WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 196, 272.

**Decision rationale:** California American college of Occupational Environmental Medicine (ACOEM) Guidelines would currently not support the role of a Magnetic Resonance Imaging (MRI) of the wrist or shoulder. The records document that this claimant has chronic complaints but the physical examination does not reveal any acute clinical finding of the wrist or the shoulder that would necessitate the need for further imaging. The claimant's clinical picture is consistent with a diagnosis of bilateral carpal tunnel syndrome based on electrodiagnostic studies for which this individual is scheduled to proceed with a left carpal tunnel surgical process. While there is noted to be evidence of impingement on examination of the shoulder, the lack of internal derangement or weakness on examination would not support the need for MRI imaging.