

Case Number:	CM14-0064348		
Date Assigned:	07/11/2014	Date of Injury:	10/27/2013
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopaedic 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:

This 52-year-old male food service worker sustained an industrial injury on 10/27/13. Injury occurred when he slipped and fell, while lifting a box of chicken. The 12/11/13 left shoulder MRI impression documented supraspinatus tendinosis, trace subacromial and subdeltoid bursitis, osteoarthritic change of the acromioclavicular joint, and a SLAP tear. The 2/7/14 EMG(electromyography)/NCV(nerve conducting velocity) study impression documented entrapment neuropathy of the median nerve at the left wrist with mild to moderate slowing of nerve conduction velocity (carpal tunnel syndrome). The 3/11/14 left elbow MRI documented mild degenerative spurring about the elbow joint with small joint effusion. Records indicate that conservative treatment included one visit of physical therapy for the shoulder, medications, and activity modification. The 3/24/14 orthopedic report cited severe left shoulder and elbow pain. Left wrist exam findings documented no atrophy or deformity and pain free functional wrist range of motion. Decreased sensation was reported in the left 1st, 2nd, and 3rd digits. Elbow range of motion was pain free with no limiting factors. Left shoulder exam documented decreased abduction, positive O'Brien's test, positive SLAP tests, and supraspinatus weakness. The patient had failed conservative treatment for all issues. EMG findings confirmed moderate left carpal tunnel syndrome. The treatment plan recommended left shoulder arthroscopy SLAP repair and simultaneous left carpal tunnel release. The 4/4/14 utilization review approved a request for left shoulder arthroscopic SLAP repair with associated services. The request for left carpal tunnel release was denied as there were no clinical findings to support the diagnosis of carpal tunnel syndrome.

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: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel syndrome, Carpal tunnel release surgery (CTR).

Decision rationale: The ACOEM guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The Official Disability Guidelines provide clinical indications for carpal tunnel release that include specific symptoms (abnormal Katz hand diagram scores, nocturnal symptoms, and/or Flick Sign), physical exam findings (compression test, monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, and/or mild thinner weakness), conservative treatment (activity modification, night wrist splint, non-prescription analgesia, home exercise training), successful corticosteroid injection trial, and positive Electrodiagnostic testing. Guideline criteria have not been met. There is no documentation that guideline-recommended conservative treatment directed to the left carpal tunnel syndrome has been tried and failed. EMG findings documented mild to moderate carpal tunnel syndrome. There are no current physical exam findings of carpal tunnel syndrome documented as required by guidelines. Therefore, this request for left carpal tunnel syndrome is not medically necessary.