

Case Number:	CM14-0092212		
Date Assigned:	07/30/2014	Date of Injury:	02/01/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 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:

This is a 46-year-old female who sustained a vocational injury to her neck on 02/01/13 when she was putting boxes up on a shelf. The records provided for review document diagnoses to include left wrist sprain/contusion, and CTMFS with right radicular pain. Most recent office note available for review notes that the claimant had left wrist pain that interfered with sleep and numbness and weakness. Cervicothoracic spine was painful and stiff. On examination there were no signs of infection, deep vein thrombosis, or neurovascular injury. She had positive numbness at the carpal tunnel distribution, positive Tinel's, and positive Phalen's. There were no acute neurological changes. Cervicothoracic spine was tender and she had approximately 60 percent of range of motion. On the 04/16/14 evaluation documentation suggests that x-rays were obtained of the bilateral clavicle, left shoulder, and left humerus and showed no acute changes. The patient has recently been prescribed Lodine and Lidocaine patches and was recommended for an MRI of the left hand/wrist to rule out internal derangement. A left carpal tunnel release and preoperative clearance was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective X-rays: (2) views right clavicle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Radiography.

Decision rationale: Currently there are no subjective complaints or abnormal physical exam objective findings establishing the medical necessity for the right clavicle x-ray. Documentation fails to establish that there is previous history of trauma or pathology in the region of the right clavicle. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines the retrospective request for the right clavicle two view x-ray cannot be considered medically necessary.

Restrospective X-rays: (2) views left humerus: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Radiography.

Decision rationale: In regards to the retrospective request for a two view left humerus x-ray, the documentation fails to establish that there is any previous history, concerns or subjective complaints, or abnormal physical exam objective findings establishing medical necessity of a left humerus x-ray. Documentation fails to establish that there are abnormal physical exam objective findings suggesting pathology in the region of the left humerus. Therefore, based on the documentation presented for review in accordance with California MTUS ACOEM and Official Disability Guidelines, the request for the retrospective authorization for two views of the left humerus cannot be considered medically necessary.

Carpal Tunnel release with Pre-op medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: In regards to the third request for carpal tunnel release with pre-op medical clearance, the EMGs and nerve conduction studies were performed on 05/28/14 and were noted to be within normal limits. Currently there is no documentation supporting that EMG nerve conduction studies have identified pathology at either wrist consistent with carpal tunnel syndrome. Documentation also fails to establish that there has been attempted, failed and

exhausted conservative treatment prior to recommending or considering surgical intervention. Subsequently the request for the carpal tunnel release, which extremity is not defined, cannot be considered medically necessary and the postop medical clearance would also not be considered medically necessary.

Retrospective X-rays: (2) views left Clavicle, Quantity: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter - Radiography.

Decision rationale: Currently there are no subjective complaints or abnormal physical exam objective findings establishing the medical necessity for the left clavicle x-ray. Documentation fails to establish that there is previous history of trauma or pathology in the region of the left clavicle. Therefore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines the retrospective request for the left clavicle two view x-ray cannot be considered medically necessary.