

Case Number:	CM14-0203819		
Date Assigned:	12/16/2014	Date of Injury:	01/08/2014
Decision Date:	02/25/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female was injured on 01/08/2014 while employed. She complained of left wrist and shoulder pain. On provider visit dated 10/24/2014, she stated that prior injection had helped but the effects only lasted for one week. On examination there was a visible ganglion cyst-appearing on wrist, pain was noted with range of motion, Tinel's over carpal tunnel was negative, Tinel's over cubital tunnel was negative as was Tinel's over Guyon's canal. She had undergone physical therapy, injections and used Naproxen for pain relief. She was noted to be on modified work duty. The injured worker underwent a electromyography and nerve conductions study on 07/23/2014 revealing early left carpal tunnel syndrome, early left ulnar entrapment at the left elbow, mild to moderated right carpal tunnel syndrome and pain and numbness in left upper extremity clinically due to mild brachial plexus injury. Documentation states that x-rays were taken at office of left wrist but no evidence of same was submitted for this review. Treatment plan included left shoulder surgery, and right cubital and carpal tunnel release. Request for Authorization dated 11/04/2014 for left shoulder arthroscopic subacromial decompression, rotator cuff repair, possible biceps tendodesis, left cubital and carpal tunnel release for left shoulder rotator cuff tear, biceps tendodesis, impingement syndrome, cubital and carpal tunnel syndrome. The Utilization Review dated 11/11/2014 non-certified the request for carpal tunnel release of the left wrist as not medically necessary. The reviewing physician referred to CA MTUS and ACOEM Guidelines for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release of the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. In this case there is lack of evidence of failed non-operative care in the records. Therefore the determination is for non-certification.