

Case Number:	CM15-0012608		
Date Assigned:	01/30/2015	Date of Injury:	07/30/2012
Decision Date:	04/07/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: New York

Certification(s)/Specialty: Neurological 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 50-year-old female sustained an industrial injury on June 30, 2012. On 01/25/13 she underwent a right shoulder arthroscopic repair of a rotator cuff tear and despite 32 sessions of post-operative physical therapy has had residual loss of range of motion and developed a left carpal tunnels syndrome that due to over compensation. The diagnoses have included status-post right shoulder arthroscopy for subacromial depression/probably rotator cuff repair, left carpal tunnel syndrome due to overcompensation. Treatment to date has included pain medication, bracing, physical therapy with home exercise program, a neurology consultation and regular monitoring. Currently, the IW complains of right shoulder residual stiffness and weakness especially with attempted use of her dominant right upper extremity for activities at or above shoulder level activates. Associated symptoms include numbness and tingling to her left hand that awakens her at night. Range of motion was decreased by evidence of difficulty placing her right hand behind her back. On January 5, 2015, the Utilization Review decision non-certified a request for a carpal tunnel release of the left wrist and a left wrist sling, noting the worker had left wrist pain despite time, bracing, medication and physical therapy, however there was no formal imaging or electromyography (EMG) / nerve conduction velocity (NCV) noting abnormal median nerve condition. The MTUS, ACOEM Guidelines, (or ODG) was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of carpal tunnel release of the left wrist and a left wrist sling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left carpal tunnel release 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): 262,263,264, 266,270.

Decision rationale: The California MTUS guidelines note that high quality scientific evidence shows success in the majority of patients with electrodiagnostically confirmed diagnosis of carpal tunnel syndrome who undergo carpal tunnel release. Those with the mildest symptoms display the poorest postsurgery results. In that the patient has not responded quickly to her arthroscopic shoulder surgery wisdom would dictate a conservative approach. Injections of lidocaine and corticosteroids are recommended. Documentation does not show their results. Nocturnal as well as diurnal wrist bracing is recommended and the documentation does not detail results from this either. Thus the requested treatment: Left carpal tunnel release left wrist is not medically necessary and appropriate.

DME: Sling: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.