

Case Number:	CM15-0197685		
Date Assigned:	10/13/2015	Date of Injury:	03/12/2008
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 53 year old female, who sustained an industrial injury on 3-12-2008. The injured worker is undergoing treatment for cervical sprain, derangement of joint not otherwise specified of the shoulder and carpal tunnel syndrome. Medical records dated 8-26-2015 indicate the injured worker complains of neck, back and wrist pain. She is working with restrictions. Physical exam dated 8-26-2015 notes cervical paraspinal tenderness to palpation with spasm and decreased range of motion (ROM), shoulder tenderness to palpation, decreased range of motion (ROM) and positive impingement. Exam of the wrists reveals no swelling or tenderness and positive Tinel's on the left. Treatment to date has included medication and activity modification. The original utilization review dated 9-10-2015 indicates the request for left carpal tunnel release and magnetic resonance imaging (MRI) of the cervical spine is non-certified.

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: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: The patient is a 53 year old female with some signs and symptoms of left carpal tunnel syndrome. Conservative management has included medical management and activity modification. The patient was documented to have undergone splinting or consideration for a steroid injection. There were no results reported from electrodiagnostic studies (EDS). From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, as the recommended conservative management has not been completed (splinting and consideration for a steroid injection) and as there are no supporting electrodiagnostic studies, left carpal tunnel release is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient is a 53 year old female with chronic neck pain and complaints of paresthesias of both hands. She has been undergoing conservative management with medical management and activity modification. More recently the patient was approved for physical therapy. Documentation from 7/28/15 notes that the patient has had worsening neck pain. She is noted to have severe neck pain. Documentation from 8/26/15 notes that there has been no improvement in her neck pain. Her neck pain is classified as severe. From ACOEM, page 177, For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Although the patient has paresthesias of both hands, there does not appear to be a concern for a radiculopathy as the patient is only diagnosed with cervical strain. In addition, this sensory disturbance had been present since April of 2015. There is no report that her numbness is worsening or that there are other signs of an urgent or emergent

condition. Therefore, a reasonable trial of conservative management should be documented. As Physical Therapy was recently certified, the patient should complete this trial to see if there is resolution or improvement. If not, then it would be reasonable to consider an MRI at that time. Therefore, the request is not medically necessary.