

Case Number:	CM15-0211252		
Date Assigned:	10/30/2015	Date of Injury:	05/23/2014
Decision Date:	12/14/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/27/2015

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: Illinois, California, Texas
 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 injured worker is a 58-year-old male who sustained an industrial injury on 5/23/14, due to cumulative trauma. The 9/21/14 left shoulder MRI impression documented osteoarthritis changes of the acromioclavicular joint along with a laterally downsloping acromion process, with slightly higher risk for improvement, mild subacromial/subdeltoid bursitis, and mild supraspinatus, infraspinatus and subscapularis tendinopathy with no evidence of full thickness rotator cuff tear. The 3/18/15 bilateral upper extremity EMG/NCV study showed mild left median sensory neuropathy, possibly at the wrist. Treatment has included activity modification, physical therapy, corticosteroid injections, and anti-inflammatory medications for the left shoulder. There was no documentation of specific conservative treatments rendered for the left hand and wrist, including no evidence of splinting. The 8/26/15 treating physician report indicated that the injured worker was feeling worse since the last visit. He had grade 6-7/10 left shoulder pain radiating down the left arm and neck, bilateral hand numbness and tingling, and grade 3-4/10 right elbow pain. Physical exam documented grip strength 12/10/8 right and 10/8/6 left. Left shoulder exam documented painful and decreased range of motion with flexion 100 and abduction 110 degrees. Neer's and Hawkin's tests were positive on the left. Durkan's and Phalen's tests were positive bilaterally. Tinel's was positive on the left. The diagnosis included left shoulder subacromial impingement syndrome, rule-out rotator cuff tear, and left carpal tunnel syndrome. The treatment plan included Naproxen, Prilosec and left carpal tunnel release. Authorization as requested for left carpal tunnel release. The 10/5/15 utilization review non-certified the request for left carpal tunnel release as there were no focal exam findings or diagnostic studies provided to support the

requested carpal tunnel release, and no indication of conservative measures specifically performed for the wrist.

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

Decision rationale: The California MTUS 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. Criteria include failure to respond to conservative management, including worksite modification. 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 thenar 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. This injured worker presents with reported bilateral hand numbness and tingling. Clinical exam findings documented positive carpal tunnel provocative testing consistent with electrodiagnostic evidence of mild carpal tunnel syndrome. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, for the left wrist/hand including splinting, and failure. Therefore, this request is not medically necessary at this time.