

Case Number:	CM15-0054317		
Date Assigned:	03/27/2015	Date of Injury:	06/18/2012
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

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 57-year-old male with pain in his head, neck, both shoulders, both upper extremities, low back and both hips attributed to the cumulative effects of occupational activities between June 2010 and June 2011. An initial evaluation by the present treating physician in December 2014 recommends right shoulder and bilateral carpal tunnel release surgery. May 2013 electrodiagnostic testing is mentioned, but the actual results are not included in the provided medical records. The physical exam revealed tenderness to palpation, limited range of motion, positive impingement sign, and decreased sensation. The most recent diagnoses from the treating physician on February 16, 2015 are cervical spinal sprain/strain, possible discopathy, left shoulder surgery on 2 occasions with residual pain, right shoulder tendinitis and impingement with possible rotator cuff tear and bilateral carpal tunnel syndrome. The recommendation is for right shoulder and bilateral carpal tunnel surgery and to remain off work. The request is for review of the need for right carpal tunnel surgery.

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 Right Wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263 - 266.

Decision rationale: In this case, the injured worker reports diffuse symptoms only a minor minority of which could be attributed to carpal tunnel syndrome. Records reviewed suggest electrodiagnostic testing was consistent with bilateral medial and ulnar neuropathy in 2013, but the results of the testing are not provided for review. Regarding the specific request for carpal tunnel release surgery, there is no documentation of any non-surgical carpal tunnel treatment such as night splinting, anti-inflammatory medications or corticosteroid injections. Instead, it appears the injured worker transferred his care in December 2014 and on initial evaluation the present treating physician has recommended shoulder and bilateral carpal tunnel surgery. With no documented non-surgical treatment, the request to proceed to surgery at this time is unsupported by the CA MTUS and general practice guidelines. Therefore, the request for right carpal tunnel surgery is not medically necessary at this time.