

Case Number:	CM14-0183540		
Date Assigned:	11/10/2014	Date of Injury:	07/01/2013
Decision Date:	12/16/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female with a history of headaches, neck pain, bilateral shoulder and upper extremity pain and numbness and tingling associated with morning stiffness and sleep difficulty. The history documented in the detailed reports of 10/6/2014 and 9/16/2014 is that of an injury date of 7/1/2013. However, shoulder pain started in 2008. Past history is remarkable for right shoulder rotator cuff repair in 1999 with a good result until 2008. The subjective complaints include bilateral hand, wrist, elbow, and shoulder pain also involving the cervical spine and bilateral upper torso and trapezius areas with tender points on both sides of the midline in the cervical and upper thoracic areas, shoulder girdles, acromioclavicular joints, lateral epicondyles, and wrists. On exam the gait was normal, Range of motion of both shoulders was painful but normal. Left elbow was tender over the cubital tunnel and olecranon in addition to the lateral epicondyle. Positive Phalen's, Tinel's and Median nerve compression tests were documented. EMG and nerve conduction studies were performed on 10/25//2013. This revealed a chronic left C5 radiculopathy, bilateral carpal tunnel syndrome, borderline on the left and mild on the right, and bilateral ulnar nerve slowing across the cubital tunnels. A left carpal tunnel release was performed on 1/17/2014 with no improvement. Bilateral trigger thumb releases were performed with 40 percent improvement on the on the right and 30 percent on the left. MRI scan of the cervical spine revealed cervical spondylosis and congenital mild spinal stenosis. The flexion/extension MRI revealed significant degenerative changes. The disputed issues pertain to a request for repeat EMG/NCV studies of the upper extremities, left shoulder decompression surgery, and a left elbow lateral release.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) EMG/NCV-Upper Extrem: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: California MTUS guidelines recommend appropriate electrodiagnostic studies to differentiate between carpal tunnel syndrome and cervical radiculopathy. EMG and Nerve Conduction Studies were performed on 10/25/2013 and although the actual study was not submitted the notes indicate the presence of left C5 radiculopathy on needle electromyography and a mild right carpal tunnel syndrome and a borderline left carpal tunnel syndrome. In other notes the left is said to be worse than the right. In any case, a carpal tunnel release is a relatively simple surgical procedure and the lack of improvement post-operatively indicates that the diagnosis was incorrect. The symptoms have not changed and a repeat EMG and Nerve Conduction Study is not medically necessary.

(1) Left Shoulder Decompression Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Surgery for impingement syndrome is usually arthroscopic decompression. Conservative care including corticosteroid injections into the subacromial space and a therapeutic exercise program should be carried out for at least 3 to 6 months before considering surgery. The requested surgical procedure of left shoulder decompression is performed when there is evidence of impingement syndrome or a rotator cuff tear of the shoulder that does not respond to conservative care. Review of the submitted records indicates full range of motion in the shoulder and no documented impingement signs such as Neer or Hawkins-Kennedy. Diagnostic or therapeutic testing for impingement syndrome was not performed. No narrowing of the supraspinatus outlet, type II or type III acromion is documented. Based upon the absence of objective signs of impingement the surgery as requested is not medically necessary.

(1) Left Elbow Lateral Release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35, 36.

Decision rationale: The guidelines recommend conservative care for at least 6 months for lateral epicondylitis before considering surgery. Non-operative treatment is usually successful. Surgery is limited to the few patients who do not improve despite using 3 types of non-operative treatment for 6 months .In the event of failure of conservative treatment the percutaneous procedure is preferred over the open procedure. A lateral release can lead to instability The documentation submitted does not include information pertaining to the necessary 3 types of conservative treatment. The request for left elbow lateral release is therefore not medically necessary.