

<b>Case Number:</b>	CM14-0208541		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47-year-old male claimant with an industrial injury dated 04/11/13. Nerve conduction dated 11/03/14 reveals right carpal tunnel syndrome. CT of the right shoulder dated 11/08/14 reveals a healed fracture at the posterior glenoid with overlying cartilage loss and asymmetrical posterior glenoid joint space narrowing. Exam note 12/01/14 states the patient returns with right shoulder pain resulting in numbness down to the right hand. Current medications include Vicodin, Crestor, Diovan, and Hydrochlorothiazide. Upon physical exam there was evidence of tenderness surrounding the anterior aspect of the right shoulder. Exam demonstrates Tinel's sign and apprehension sign exam were noted as positive. Treatment includes a right shoulder arthroscopy, a cortisone injection to aid the right carpal tunnel, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection right carpal tunnel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 270.

**Decision rationale:** According to CA MTUS/ACOEM Chapter 11, Forearm, Wrist and Hand Complaints, page 265 and 270 the initial treatment of Carpal Tunnel Syndrome (CTS) is splinting. When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. Outcomes from carpal tunnel surgery justify prompt referral for surgery in moderate to severe cases, though evidence suggests that there is rarely a need for emergent referral. Thus, surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies. Symptomatic relief from a cortisone/ anesthetic injection will facilitate the diagnosis; however, the benefit from these injections is short-lived. In this case there is lack of evidence from the exam note of 12/1/14 of failure of splinting to warrant injection of the carpal tunnel. Therefore the determination is for non-certification.

**ASSOCIATED SURGICAL SERVICES: Stable abduction Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment for Workers' Compensation- Chapter: Shoulder (Acute & Chronic)- Postoperative Abductionpillow Sling

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Abduction pillow.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of abduction pillow. Per the ODG criteria, abduction pillow is recommended following open repair of large rotator cuff tears but not for arthroscopic repairs. In this case there is no indication for need for open rotator cuff repair and therefore determination is for non-certification.

**ASSOCIATED SURGICAL SERVICES: Continuous Flow Cryotherapy Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation- Chapter: Shoulder (Acute &Chronic)- Continuous-Flow Cryotherapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of shoulder cryotherapy. According to ODG Shoulder Chapter, Continuous flow cryotherapy, it is recommended immediately postoperatively for upwards of 7 days. In this case there is no specification of length of time requested postoperatively for the cryotherapy unit. Therefore the determination is for non-certification.

**ASSOCIATED SURGICAL SERVICES: Post Operative Physical Therapy; Qty: 12:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment, open: 30 visits over 18 weeks. Postsurgical physical medicine treatment period: 6 months. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Postsurgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks\*Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the request is for 12 therapy sessions, which is the initial visits allowed. Therefore the determination is for certification. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.