

Case Number:	CM14-0211898		
Date Assigned:	12/24/2014	Date of Injury:	03/16/2012
Decision Date:	03/06/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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, 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 65-year-old male who reported an injury on 03/16/2012. The mechanism of injury was due to repetitive motion. The medications were not provided. The documentation on 09/30/2014, revealed the injured worker had decreased grip strength bilaterally in the upper extremities. The injured worker was noted to have bilateral carpal tunnel syndrome, and had not started physical therapy. The documentation of 11/25/2014 revealed the injured worker was in need of EMG/Nerve Conduction Studies of the bilateral wrists. The injured worker had a positive Tinel's and positive Phalen's bilaterally. The injured worker had complaints of shoulder pain. The injured worker was noted to have 4 therapy visits for his shoulders. The documentation indicated the injured worker's bilateral carpal tunnel syndrome was diagnosed on 12/04/2012, per electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 304.

Decision rationale: The American College of Occupational and Environmental Medicine indicate carpal tunnel syndrome must be proven by physical examination and supported by electrodiagnostic studies. The injured worker had objective findings upon physical examination. The clinical documentation submitted for review indicated the injured worker had undergone diagnostic studies. The official reading was not provided. Additionally, there was a lack of documentation of a failure of conservative care. As such, this request would not be supported. Given the above, the request for right carpal tunnel release is not medically necessary.

Post OP PT X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Additional PT 2X4 Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had complaints of pain in the shoulders. It was documented the injured worker had 4 visits of therapy. There was a lack of documentation of objective functional benefit that was received from prior therapy. The request as submitted failed to

indicate which shoulder was to be treated. Given the above, the request for additional PT, 2 x 4, shoulder, is not medically necessary.