

Case Number:	CM15-0100068		
Date Assigned:	06/02/2015	Date of Injury:	01/24/2014
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/25/2015

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, Indiana, Oregon
 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 33-year-old woman sustained an industrial injury on 1/24/2014. The mechanism of injury is not detailed. Evaluations include an undated right shoulder MRI, undated cervical spine MRI, and undated electromyogram/nerve conduction studies of the bilateral upper extremities. Diagnoses include carpal tunnel syndrome, shoulder impingement syndrome, and possible right triangular fibrocartilage complex tear. Treatment has included oral medications. Physician notes dated 5/7/2015 show complaints of persistent right shoulder, bilateral elbow, persistent bilateral wrist, and bilateral hand pain with numbness, tingling, and weakness of the bilateral hands rated 6/10. Recommendations include right wrist MRI, electromyogram/nerve conduction study of the bilateral upper extremities, right carpal tunnel injection, right intra-articular shoulder injection, ad follow up with shoulder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sub deltoid shoulder injection: 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), web "shoulder" injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case, the exam note from 5/7/15 states that there is clinical evidence of an impingement syndrome, but does not document any physical exam finding consistent with this. A review of earlier records provides overwhelmingly normal examinations without impingement findings. Based on this the diagnosis is not established and the injection is not medically necessary.

Right carpal tunnel injection: 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), Carpel tunnel syndrome, injections.

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 5/7/15 of failure of splinting to warrant injection of the carpal tunnel. Therefore, the determination is for not medically necessary.