

Case Number:	CM15-0116219		
Date Assigned:	06/24/2015	Date of Injury:	05/07/2013
Decision Date:	09/09/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland, Virginia, North Carolina
 Certification(s)/Specialty: Plastic 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:

The injured worker is a 43-year-old male who sustained an industrial injury on 5/7/13. Diagnoses include status post left shoulder full thickness rotator cuff repair-1/26/15, right carpal tunnel syndrome, status post left carpal tunnel release-2011 right shoulder pain, and chronic pain syndrome, and cervical/thoracic/lumbar spine strain. In a progress note dated 4/2/15, the primary treating physician notes therapy continues, he is getting better. Exam of the left shoulder notes abduction at 90 degrees with crepitus. Medication is Flexeril. In a progress report dated 3/30/15, a secondary treating physician notes the injured worker reports slight improvement since his last appointment. He has occasional left shoulder pain rated 4/10, right hand/wrist pain at 5-6/10 with numbness and tingling, left hand/wrist pain at 3/10 and triggering of the left middle finger. He has been attending therapy for past 5 weeks and it helps to increase left shoulder range of motion. Objective findings note grip strength with a Jamar dynamometer measurements on the right are 24-24-21 and on the left are 20-18-16 pounds. The left shoulder has a well-healed surgical incision with restricted range of motion. The right hand and wrist are positive for Tinel's test, Phalen's test and Durkan's median compression test. A progress report from a secondary treating physician dated 4/29/15 notes complaints of pain in the neck, upper back, lower back, left shoulder, and the right and left wrist and hand. In a progress report dated 5/11/15, a secondary treating physician notes the injured worker has refractory right carpal tunnel syndrome. The electro diagnostic studies show moderate right carpal tunnels syndrome and he has symptoms and findings compatible with that diagnosis and recommend right carpal tunnel release. Work status is to remain off work. Previous treatment includes Flexeril, Aleve,

Tramadol, and physical therapy. The requested treatment is right carpal tunnel release, MRI of the thoracic spine, and MRI of the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The patient is a 43-year-old male who is noted to complain of chronic neck and back pain. He had been diagnosed with cervicothoracic strain. Based on the entirety of the medical record there is insufficient justification for a thoracic spine MRI. A detailed examination of the thoracic spine including specific pain locations or other abnormalities was not provided in the medical records provided for this review to warrant MRI evaluation. There were no signs of a red flag condition documented. Previous QME evaluation dated 2/20/15 noted that objective factors of disability with regard to the thoracic spine are not present. There are indications for an MRI of the thoracic spine as outlined in ACOEM, Table 8-8 on page 182. However, there is no supporting documentation to warrant this. Without specific examination documentation and specific justification for the MRI, this should not be considered medically necessary.

MRI of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm wrist and hand, MRI.

Decision rationale: The patient is a 43-year-old male with a history of chronic left wrist pain in the setting of previous left carpal tunnel release. A request had been made for a left wrist MRI. From the medical records provided for this review, there is insufficient documentation to warrant an MRI evaluation. The patient has chronic left wrist pain, but a detailed examination of the left wrist has not been provided. Documentation of recent plain radiographs of the left wrist is not present. A recent traumatic episode or acute worsening of his condition has not been detailed. From ODG, with respect to MRI evaluation, there should be evidence of an acute episode or in chronic cases where plain radiographs are negative/equivocal or where there is a suggestion of significant pathology or significant change in symptoms. Therefore, an MRI of the

left wrist should not be considered medically necessary.

Right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270 and 272.

Decision rationale: The patient has signs and symptoms of a possible right carpal tunnel syndrome that is supported by electro diagnostic studies. However, there has not been documentation of a severe condition and thus, a clear documentation of conservative management is necessary. The patient has not been noted to have attempted splinting or given consideration for a steroid injection to facilitate the diagnosis as recommended by ACOEM as follows: From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electro diagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electro diagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS are very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, without clear documentation of the necessary conservative management, right carpal tunnel release should not be considered medically necessary.