

<b>Case Number:</b>	CM15-0042104		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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:

The injured worker is 38-year-old female who reported an injury on 03/31/2008. The mechanism of injury was not provided. Her diagnoses are noted as cervical disc displacement, cervical spine strain/sprain, contusion of forearm/elbow, De Quervain's tenosynovitis. Her past treatments are noted to include medications, physical therapy, shoulder surgery and activity modification. During the assessment on 02/19/2015, the injured worker complained of right arm, right hand and left leg pain. Physical examination revealed tenderness at the right shoulder, as well as tenderness to the right lateral epicondyle. There was positive acromioclavicular crepitus with decreased range of motion and flexion of 150 degrees, extension to 45 degrees, abduction to 125 degrees, adduction of 25 degrees, internal rotation of 60 degrees and external rotation of 70 degrees. There was a positive Tinel's sign at the elbow and Phalen's at the wrist on the right side. There was decreased range of motion of the cervical spine, as well as tenderness to palpation. Her medications are noted to include Motrin 800 mg and Prilosec 20 mg. The treatment plan was to continue the current medication, request authorization for electrodiagnostic testing in the upper extremities and request authorization for right carpal tunnel release and De Quervain's release. The rationale for the request was not provided. The Request for Authorization form was dated 02/09/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Carpal tunnel release/De Quervain's release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

**Decision rationale:** The request for right carpal tunnel release/De Quervain's release is not medically necessary. In regard to carpal tunnel release, the California MTUS/ACOEM Guidelines state carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. The injured worker's electrodiagnostic testing performed on 06/26/2013 was noted to reveal normal electrodiagnostic findings. There was no documentation of conservative treatment to include wrist brace and corticosteroid injections. As such, the requested right carpal tunnel release is not medically necessary. In regard to De Quervain's release, the California MTUS/ACOEM Guidelines state that the majority of patients with De Quervain's syndrome will have resolution of symptoms with conservative treatment. Under unusual circumstances with persistent pain at the wrist and limitation of function, surgery may be an option for treating De Quervain's tendinitis. However, there was no documentation of conservative treatment to include splinting and injection. As such, the request is not medically necessary.

**Urine Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The request for urine toxicology screen is not medically necessary. The California MTUS Guidelines recommend drug testing as an option to assess for the use or the presence of illegal drugs. However, the documentation did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior or whether the injured worker was suspected of illegal drug use. As such, the request is not medically necessary.

**X-rays of Anterior posterior and lateral of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for x-rays of anterior posterior and lateral of the bilateral shoulders is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The clinical documentation provided did not indicate that the patient had attempted a 4 to 6 week period of conservative care and observation prior to the requested x-rays. There was no indication that red flags conditions were noted and needed to be evaluated. As such, the request is not medically necessary.

**Electromyography of upper extremities:** 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, Carpal Tunnel Chapter, Electromyography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for electromyography of upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction studies, including H reflex test, may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting more than 3 to 4 weeks. The clinical documentation indicated that the injured worker had prior electrodiagnostic testing, which revealed normal findings. There was no indication of cervical radiculopathy or progression or worsening symptoms to support the requested electromyography of the upper extremities. As such, the request is not medically necessary.