

Case Number:	CM15-0064571		
Date Assigned:	04/10/2015	Date of Injury:	05/04/2012
Decision Date:	05/14/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/06/2015

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: Illinois, California, Texas
 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 was a 41-year-old female who sustained an industrial injury on 5/4/12. Injury occurred when she tripped and fell, landing on her right shoulder, elbow, hand and right knee. Past medical history was positive for diabetes. The 1/6/15 electrodiagnostic study report cited complains of neck pain radiating to the right upper extremity with numbness. Physical exam documented cervical paraspinal muscle tenderness and restricted range of motion, muscle weakness but no atrophy, abnormal sensation, positive Tinel's at the right wrist, and positive Phalen's at the bilateral wrists. Electrodiagnostic testing was reported consistent with moderate right carpal tunnel syndrome and mild left carpal tunnel syndrome. The 1/13/15 treating physician report cited right hand and shoulder pain with increased nerve pain in the right wrist area. The pain diagram documented pain of the neck and shoulder radiating into the upper extremity to the dorsum/palm of the hand with pins and needles over the arm and hand. There was no numbness and tingling reported in the digits. Objective findings stated there was a positive EMG/NCV of the right upper extremity. The diagnosis was right carpal tunnel syndrome and right shoulder tendinitis. The treatment plan requested authorization for right carpal tunnel release and referral to an internist for surgical clearance. The 3/4/15 utilization review non-certified the request for right carpal tunnel release and associated surgical clearance as there were no objective findings consistent with carpal tunnel syndrome. The 3/23/15 treating physician report cited continued cervical spine, right shoulder and right upper extremity pain. She had difficulty sleeping due to right shoulder pain. Physical exam documented cervical spine tenderness and limited range of motion, and anterior and posterior right shoulder tenderness and

limited range of motion, positive shoulder impingement testing, positive Adson's test, decreased sensation right median nerve distribution, and positive Tinel's and Phalen's at the right wrist. The diagnosis was right carpal tunnel syndrome, right shoulder tendinitis, rule-out thoracic outlet syndrome, and cervical spine myofascial strain. The treatment plan included authorization requests for right carpal tunnel release and right shoulder physical therapy. There is no documentation in the records of wrist splinting, workplace modification, or other treatment directed to the right carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Carpal Tunnel Release (CTR), outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 269 and 270.

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

Decision rationale: The California MTUS guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical exam and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. Criteria include failure to respond to conservative management, including worksite modification. Guideline criteria have not been met. This injured worker presents with neck and right shoulder pain radiating globally to the right upper extremity with numbness and tingling over all surfaces of the arm and into the dorsum and palm of the hand. Clinical exam documented positive right shoulder impingement testing, positive thoracic outlet syndrome signs, and positive carpal tunnel provocative testing. There is EMG/NCV evidence of moderate right carpal tunnel syndrome. However, detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the carpal tunnel and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Referral to internist for surgical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun, page 40.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

