

Case Number:	CM15-0067031		
Date Assigned:	04/14/2015	Date of Injury:	04/02/2004
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/08/2015

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, Hand 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 60 year old female, who had a trip and fall and injured her left shoulder on 4/2/2004. She has been treated with therapy, injections, splints, 1 left shoulder surgery, 3 right shoulder surgeries and multiple medications including fetzima, zolpidem xr, norco, soma, duoxetine and buspirone. January 27, 2005 electrodiagnostic testing for possible right ulnar neuropathy was felt to be consistent with median neuropathy on both sides; it is noted that the left arm was asymptomatic and tested only for comparison. A July 1, 2009 qualified medical evaluator notes that she had no symptoms of carpal tunnel, no exam findings and recommended no treatment. A note from her treating psychiatrist on March 23, 2015 notes severe diffuse chronic pain including headaches attributed to severe major depression dating back to 2007. Repeat bilateral upper extremity testing on April 8, 2015 was minimally abnormal with median motor and long segment sensory conduction velocities being normal on both sides; there was felt to be evidence of mild bilateral carpal tunnel syndrome based on mild short segment median sensory conduction slowing. Carpal tunnel treatment to date has included night splinting and injections. The request is for right carpal tunnel release surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right carpal tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-273.

Decision rationale: In this case, the mechanism of injury is a trip and fall injuring the left shoulder in 2004, is not consistent with carpal tunnel syndrome. Multiple reports suggest symptoms are inconsistent with carpal tunnel syndrome and the 2005 electrodiagnostic testing was performed due to concern regarding possible right ulnar neuropathy which was found not to be present; the finding of mild median electrodiagnostic abnormalities was incidental. In 2009, an independent medical evaluator noted specifically that there were no symptoms of carpal tunnel syndrome. Recent reports from her treating physicians note severe chronic diffuse symptoms, such as headaches. The majority of symptoms in this case are inconsistent with a clinical diagnosis of carpal tunnel syndrome and the recent repeat electrodiagnostic testing is only minimally abnormal. Given the principle diagnoses of very chronic pain and major depression combined with the minimal electrodiagnostic abnormalities, there is no reasonable expectation of substantial functional improvement with right carpal tunnel release surgery, such as return to work or diminished reliance on prescription medications. Therefore, the request for right carpal tunnel release surgery is deemed medically unnecessary.