

Case Number:	CM15-0074512		
Date Assigned:	04/24/2015	Date of Injury:	04/08/2013
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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 59 year old male, who sustained a specific injury on April 8, 2013 pushing a ladder onto a truck. The injured worker reported right shoulder pain. The injured worker was diagnosed as having right rotator cuff syndrome, possible right carpal tunnel syndrome and cervical radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) of the shoulder, shoulder surgery for rotator cuff repair and biceps tenodesis, medications, electromyogram/nerve conduction study, cervical epidural steroid injection, shoulder injection, hand injection, wrist injection and home exercise. A progress note dated April 19, 2015 notes the injured worker has no hand numbness. The request is for therapy, surgery and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carpal tunnel release (CTR), right: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-271.

Decision rationale: The California MTUS notes that injections are beneficial for carpal tunnel syndrome and "almost always" cure trigger fingers. This surgical request from the occupational medicine primary treating physician appears to represent a misunderstanding. The March 19, 2015 report notes regarding triggering, "symptoms should return when injection wears off." But that is not the case, injections for trigger finger are usually permanent curative. Similarly, the March 19, 2015 report notes symptoms possibly related to carpal tunnel syndrome have resolved after injection, but requests surgical intervention for carpal tunnel release, "as injection is only temporary." At this time, the injured worker does not have symptoms of carpal tunnel syndrome. The mechanism of injury is not consistent with carpal tunnel syndrome. Electrodiagnostic testing was reportedly suggestive of cervical radiculopathy and not demonstrative of carpal tunnel syndrome. Therefore, the patient is not a candidate for carpal tunnel decompression surgery. The request IS NOT medically necessary.

Ibuprofen 800mg, #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function; NSAIDs, specific drug list & adverse effects Page(s): 69, 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The CA MTUS notes, "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." In this case, symptoms have been present for over two years and the request is for 300 800mg ibuprofen tablets, the largest dose manufactured. This is a very large amount and would carry substantial risk of side effects. The records provided do not support such high dose and long term ibuprofen usage. The request IS NOT medically necessary.

Occupational health referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: It is this reviewer's impression that this request was made in error. Records reviewed confirm that the injured worker is being treated primarily by an occupational physician with appropriate input from consultants. The treating physician is an occupational physician practicing in an occupational health department. There is no need for referral to occupational health. The request IS NOT medically necessary.