

Case Number:	CM15-0076947		
Date Assigned:	04/28/2015	Date of Injury:	05/25/2012
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/22/2015

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, 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 45-year-old female who sustained an industrial injury on 05/25/2012. The mechanism of injury was a slip and fall. The injured worker was diagnosed with right carpal tunnel syndrome and right shoulder impingement and tendinosis. Treatment to date includes diagnostic testing, surgery, physical therapy, acupuncture, right stellate ganglion block, steroid injections and medications. The injured worker is status post right carpal tunnel release in August 2012 and right shoulder arthroscopy with superior labral repair and debridement in August 2013. The injured worker underwent an MRA of the right shoulder, which revealed intra-articular contrast was noted. There was no obvious extension into the subacromial or subdeltoid space. There was a very tiny partial tear of the anterior supraspinatus/subscapularis junction. There was no evidence of a full thickness rotator cuff tear. There was long head biceps tendinopathy. The superior labrum was not well evaluated on the axial imaging and the rotator cuff itself was not seen on axial imaging as well. According to the primary treating physician's progress report on March 27, 2015, the injured worker continues to experience persistent pain in the right wrist and shoulder. Examination demonstrated positive carpal compression test with bicep tendon tenderness and right shoulder impingement signs. Current medications are listed as Norco, Flexeril and Aleve. Treatment plan consists of the current request for surgical intervention with a right revision carpal tunnel release with flexor tenosynovial transfer, a right shoulder arthroscopy with debridement, acromioplasty and biceps tenotomy, pre-op testing and post op occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Revision Carpal Tunnel Release with Flexor Tenosynovial Transfer: 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): 270-271.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that a referral for hand surgery consultation may be indicated for injured workers who have red flags of a serious nature; fail to respond to conservative management, including worksite modifications and who have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. 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 clinical documentation submitted for review failed to provide documentation that the injured worker had failed conservative care. The duration of conservative care was not provided. There was a lack of documentation of nerve conduction studies to support the necessity for a carpal tunnel revision. The injured worker had a positive carpal tunnel compression test. Given the above, the request is not medically necessary.

Right Shoulder Arthroscopy with Debridement, Acromioplasty and Biceps Tenotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation may be appropriate for injured workers who have a failure to increase range of motion and strength of musculature in the shoulder after exercise programs and who have clear clinical and imaging evidence of a lesion that has been shown to benefit from surgical repair. For injured workers with a partial thickness or small full thickness tear, impingement surgery is reserved for cases failing conservative care therapy for 3 months and who have imaging evidence of rotator cuff deficit. For surgery for impingement syndrome, there should be documentation of conservative care including cortisone injections for 3 to 6 months before considering surgery. The clinical documentation submitted for review indicated the injured worker had a small tear. There was a lack of documentation of a duration of conservative care specifically directed at the right shoulder post prior surgical intervention. There was documentation upon physical examination of impingement signs. There was biceps tendon tenderness. However, as there was a lack of

documentation of the duration of conservative care specifically directed at the right shoulder, the request is not medically necessary.

Preoperative Electrocardiogram: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Complete Blood Count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Metabolic Panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Occupational Therapy (8-sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.