

Case Number:	CM15-0090203		
Date Assigned:	05/14/2015	Date of Injury:	01/14/2011
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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: Minnesota, Florida
 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 a 59-year-old female with a date of injury of 1/14/2010-1/14/2011. Progress notes dated April 10, 2015 indicate continuing pain in the left shoulder and both wrists with tingling and numbness. Examination revealed bilateral Tinel's sign and Phalen's test as well as tenderness over the medial epicondyles and triggering of the left middle finger. The diagnosis was traumatic left shoulder impingement syndrome with subacromial tendinitis and bursitis, bilateral carpal tunnel syndrome, bilateral ulnar nerve neuritis, and triggering of the left middle finger. The recommendation was left shoulder arthroscopic surgery with decompression and Mumford procedure as well as bilateral carpal tunnel releases. A prior evaluation of October 14, 2014 documented additional symptoms of neck pain and migraine headaches. The documentation from December 1, 2014 indicates a supplemental report/review of medical records with the following clinical diagnoses: Left rotator cuff tendinopathy with a partial undersurface tear, electronegative bilateral carpal tunnel syndrome, electronegative evidence of ulnar nerve entrapment at the elbow, left lateral epicondylitis, left long trigger finger. The disputed request pertains to bilateral carpal tunnel releases which were noncertified by utilization review as there was no documentation of carpal tunnel injections and no documentation of positive median neuropathy on EMGs and nerve conduction studies to confirm the reported diagnosis. California MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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): 270.

Decision rationale: California MTUS guidelines indicate surgical considerations for carpal tunnel syndrome depend on the confirmed diagnosis of the presenting hand or wrist complaints. Surgery may be indicated for patients who've failed to respond to conservative management including work site modifications and 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. Surgical decompression of the median nerve usually relieves carpal tunnel syndrome symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of carpal tunnel syndrome. 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. In this case the documentation indicates that nerve conduction study was negative. The actual report has not been provided. Furthermore, there is no documentation of carpal tunnel injections for diagnostic and therapeutic purposes. As such, the request for bilateral carpal tunnel releases is not medically necessary by guidelines, and the medical necessity of the request has not been substantiated.

Post-operative Durable Medical Equipment Ultra Sling, for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Post-operative abduction pillow sling.

Decision rationale: ODG guidelines recommend postoperative abduction pillow sling as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. These slings are not used for arthroscopic repairs. As such, the request for an UltraSling is not supported by guidelines and is not medically necessary.

Post-operative Durable Medical Equipment cold therapy unit, 10 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Shoulder, Topic: Continuous flow cryotherapy.

Decision rationale: ODG guidelines recommend continuous-flow cryotherapy as an option after shoulder surgery for 7 days. It reduces pain, swelling, inflammation, and the need for narcotics after surgery. Use beyond 7 days is not recommended. The request as stated is for a 10 day rental which exceeds the guideline recommendations. As such, the request is not supported by evidence based guidelines and is not medically necessary.

Post-operative physical therapy x12 for the bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines page(s): 15, 16.

Decision rationale: The physical therapy requested is for both hands and wrists after carpal tunnel surgery. California MTUS postsurgical treatment guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to a maximum of 3-8 visits over 3-5 weeks. The requested carpal tunnel releases have not been approved. As such, the requested postoperative physical therapy is not supported by guidelines and is not medically necessary.