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| <b>Case Number:</b>   | CM15-0097587 |                              |            |
| <b>Date Assigned:</b> | 06/01/2015   | <b>Date of Injury:</b>       | 03/19/2012 |
| <b>Decision Date:</b> | 06/29/2015   | <b>UR Denial Date:</b>       | 04/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2015 |

### 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, Indiana, Oregon  
 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 60 year old female, who sustained an industrial injury on 3/19/2012, while employed as a cook, as a result of continuous trauma. The injured worker was diagnosed as having coccyx sprain/strain, lumbalgia, lumbar intervertebral disc disorder with myelopathy, internal derangement of the knee, adhesive capsulitis of the shoulder, rotator cuff syndrome of the shoulder, status post arthroscopic surgery of the shoulder, arthroscopic knee surgery, and tear of medial cartilage, meniscus of the knee. Treatment to date has included diagnostics, physical therapy, bracing, injections, and medications. On 4/11/2015, the injured worker returned for follow up status post left shoulder surgery in 2/2014. She stated she was going to therapy and although her motion was improved, she still had some pain. She had a new magnetic resonance imaging which was documented as revealing some tears and inflammation. She stated she was ready to proceed with surgical intervention to the left shoulder. She also had bilateral carpal tunnel syndrome and had bilateral carpal tunnel injections on her previous visit. She stated that the injections slightly improved the numbness, but not the pain. Exam of the left shoulder revealed well healed incisions and improved range of motion and post-operative weakness. Electromyogram and nerve conduction studies were documented as showing bilateral carpal tunnel syndrome, moderate on the right and mild on the left. Magnetic resonance imaging of the left shoulder was documented as showing post-operative changes at the region of the acromioclavicular joint and humeral head, with a screw transversing through the humeral head, tear of mid fibers of the supraspinatus tendon with effusion in the subacromial subdeltoid bursa, extending into the tendon, mild to moderate tendinosis/tendinopathy of the supraspinatus and

infraspinatus tendons, moderate narrowing of the subacromial space with small effusion in this joint, mild tenosynovitis of biceps tendon, and mild atrophy of the supraspinatus tendon and superior fibers of the subscapularis tendon. The treatment plan included a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, distal clavicle resection, and biceps surgery. Also recommended was bilateral carpal tunnel releases.

### **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. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Chapter 11 Forearm, Wrist and Hand Complaints page 270, Electrodiagnostic testing is required to eval for carpal tunnel and stratify success in carpal tunnel release. In addition, the guidelines recommend splinting and medications as well as a cortisone injection to help facilitate diagnosis. The Official Disability Guidelines were also referenced for more specific recommendations. According to the Official Disability Guidelines regarding surgery for carpal tunnel syndrome, recommended after an accurate diagnosis of moderate or severe CTS. Surgery is not generally initially indicated for mild CTS unless symptoms persist after conservative treatment. In this case there is lack of evidence in the records from 4/30/15, there is lack of evidence of failed bracing. The request is not medically necessary.