

Case Number:	CM15-0099233		
Date Assigned:	06/01/2015	Date of Injury:	11/08/2013
Decision Date:	08/27/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 56 year old female, who sustained an industrial/work injury on 11/8/13. She reported initial complaints of neck, right/left shoulder, right hand/wrist and small finger pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, right Guyon's canal syndrome, left cubital tunnel syndrome, bilateral shoulder impingement, cervical spine strain, and rule out radiculopathy. Treatment to date has included medication, diagnostics, surgery (right index finger distal interphalangeal joint fusion and prior right small finger PIP and DIP joint fusion, and s/p left ring and small finger distal interphalangeal joint fusion and left small finger proximal interphalangeal joint fusion). MRI of cervical spine results were reported on 12/4/14 that reported disc desiccation with straightening of the normal lordosis C3-7, annular concentric broad bases protrusion at C3-7 with flattening and abutting the anterior portion of the thecal sac with neural foraminal stenosis. The MRI of left/right shoulders reported acromion is type II-III with mild proliferative changes in the acromioclavicular joint with impingement of the supraspinatus muscle/tendon junction with tendinosis changes. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 11/24/14 that reported mild right ulnar, left median, left ulnar, right median sensory neuropathy. X-Rays results were reported on 12/23/13 that reported the left 5th digit is now cast. X ray of shoulder is negative. Currently, the injured worker complains of neck stiffness with limited range of motion, right shoulder pain rated 8/10, left shoulder pain rated 6/10, right hand pain rated 6/10 with numbness and weakness, right thumb pain 3/10, right middle finger pain 8/10, and right palm area 8/10, ring finger 8/10 when palpating, left small finger stiffness and swelling, and low back pain rated 7-9/10 when prolonged sitting or standing. Per the primary physician's progress report

(PR-2) on 3/30/15, positive right and left Neer's impingement test, positive right and left Hawkins-Kennedy impingement test, multiple scars on both hands, bilateral carpal tunnel syndrome, and positive right and left Durkin's medial compression test. Current plan of care included use of bilateral wrist braces, pain management for possible epidurals, bilateral shoulder arthroscopies, and right Guyon's canal release. The requested treatments include right shoulder scope, IAS, SAD, distal clavicle resection, open right carpal tunnel release, Right Guyon release, Left shoulder scope, IAS, SAD, possible distal clavicle resection, Left carpal tunnel release endo vs. open, and Left cubital tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder scope, IAS, SAD, distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: Based upon the CA MTUS Shoulder Chapter, recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the imaging findings do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.

Open right carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release.

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. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." As the guidelines can support release for moderate or severe disease and the NCS in this case shows only mild disease, the request is not medically necessary.

Right guyon release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release.

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

Decision rationale: CA MTUS/ACOEM is silent on surgery for Guyon canal release. ODG forearm is referenced. Release can be recommended for symptoms persisting after 6 months of conservative care. Conservative care is recommended as OT, splinting, NSAIDs and activity modification. In this case, the records do not demonstrate conservative care aligned with the recommendations. The request is not medically necessary.

Left shoulder scope, IAS, SAD, possible distal clavicle resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: Based upon the CA MTUS Shoulder Chapter, recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviclectomy, states surgery is indicated for posttraumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint

objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case the imaging findings do not demonstrate significant osteoarthritis or clinical exam findings to warrant distal clavicle resection. Therefore the request is not medically necessary.

Left carpal tunnel release endo vs. open: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release.

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. Severe CTS requires all of the following: Muscle atrophy, severe weakness of thenar muscles, 2-point discrimination test greater than 6 mm and positive electrodiagnostic testing. Not severe CTS requires all the following: Symptoms of pain, numbness, paresthesia, impaired dexterity requiring two of the following: Abnormal Katz hand diagram scores, nocturnal symptoms, Flick sign (shaking hand); findings by physical exam, requiring two of the following including compression test, Semmes-Weinstein monofilament test, Phalen's sign, Tinel's sign, decreased 2-point discrimination, mild thenar weakness, (thumb adduction); comorbidities of no current pregnancy; initial conservative treatment requiring three of the following: Activity modification greater than or equal to one month, night wrist splint greater than or equal to one month, nonprescription analgesia (i.e. acetaminophen), home exercise training (provided by physician, healthcare provider or therapist) or successful initial outcome from corticosteroid injection trial (optional) and positive electrodiagnostic testing." As the guidelines can support release for moderate or severe disease and the NCS in this case shows only mild disease, the request is not medically necessary.

Left cubital tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 259-267, 270-271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery, Carpal Tunnel Release.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. Simple decompression is recommended unless instability is documented. In this case, the NCS shows mild cubital tunnel syndrome. The non-surgical treatment and durations are not evidenced in the medical record to support failure. The request is not medically necessary.