

Case Number:	CM14-0031618		
Date Assigned:	07/11/2014	Date of Injury:	02/05/2009
Decision Date:	08/13/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69-year-old female claimant who sustained a vocational injury on February 5, 2009 while working as an intermediate clerk typist. The records provided for review document a working diagnosis of L5-S1 disc injury with stenosis and bilateral carpal tunnel syndrome. The report of the January 29, 2014, office visit noted pain in the web of the left thumb and hand with occasional swelling, numbness and tingling in her left hand/thumb region. She also had symptoms in her right hand/thumb region. On examination of the bilateral wrists, there was no atrophy, however, there was tenderness about the carpal tunnel bilaterally. She had a positive carpal compression test. No evidence of instability of the wrist. There was diminished grip strength bilaterally. She had a positive Tinel's sign bilaterally. There was decrease in sensation in both upper extremities in the median nerve distribution. The prior Utilization Review Determination documented that EMG and nerve conduction studies were performed on February 29, 2012, however the test is not available for review nor was the results noted. Conservative treatment to date includes physical therapy, acupuncture, bracing, and antiinflammatories. The current request is for right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right carpal tunnel release surgery: 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: Based on the California ACOEM Guidelines, the request for right carpal tunnel release surgery is not recommended as medically necessary. The documentation provided for review does not contain the electrodiagnostic report to confirm the pathology of carpal tunnel syndrome/median nerve compression in the right wrist. The documentation is also not clear to confirm that the claimant has attempted, failed, and exhausted conservative treatment prior to proceeding with carpal tunnel release. There is also a lack of documentation the claimant has attempted work site modification which are recommended prior to considering and proceeding with surgical intervention. The ACOEM Guidelines support electrodiagnostic evidence and failure of conservative treatment prior to surgical intervention. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the right carpal tunnel release cannot be considered medically necessary.

Wrist sling: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The request for the right carpal tunnel release cannot be considered medically necessary. Since the primary procedure is not medically necessary, the request for a wrist sling is also not medically necessary.

Sprix nasal spray 15.75 mg, 40 units 5 bottles, one spray in each nostril Q6-8 hours or UD:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines ; Anti-inflammatories, page 22. For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: In regards to the third and final request for Sprix nasal spray 15.75 mg forty units, five bottles, one spray each nasal every six to eight hours, documentation suggests the claimant is already on antiinflammatories and the medical necessity of an additional antiinflammatory is not clear and subsequently cannot be considered medically necessary.