

Case Number:	CM14-0038913		
Date Assigned:	06/27/2014	Date of Injury:	02/05/2009
Decision Date:	08/13/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/02/2014

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 Surgeon and is licensed to practice in Georgia and Texas. 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:

The injured worker is a 69-year-old female who reported an injury on 02/05/2009. The prior treatments included physical therapy and a TENS unit as well as acupuncture. The documentation of 01/29/2014 revealed the injured worker had constant mild to moderate pain with a hot burning sensation in the web of the right hand. The injured worker had occasional swelling, numbness, and tingling in the right hand thumb region. The injured worker had weakness and cramping in the right hand and had dropped items on several occasions. The physical examination revealed the injured worker had tenderness in the carpal tunnel bilaterally. The carpal compression test was positive. There was diminished grip strength bilaterally and the Tinel's sign was positive. There was a decrease in sensation in both of the upper extremities in the median nerve distribution. The documentation indicated the injured worker was not taking prescribed medications. However, the injured worker was noted to be taking over-the-counter Aleve and aspirin 81 mg daily. The diagnoses included bilateral carpal tunnel syndrome. The treatment plan included right carpal tunnel release surgery, a postoperative wrist sling, and Sprix nasal spray 15.75 mg 40 units 5 bottles 1 spray each nostril every 6 to 8 hours. The mechanism of injury was not provided.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-271.

Decision rationale: The ACOEM Guidelines indicate a referral for a hand surgeon may be appropriate for injured workers who have red flags of a serious nature, failure to respond to conservative management, and have clear clinical and special study evidence of a lesion that has been shown to benefit in both the short and long term. Carpal tunnel syndrome must be proved by findings on physical examination as well as nerve conduction studies. The injured worker had objective findings upon physical examination. The clinical documentation submitted for review failed to indicate the injured worker had nerve conduction studies. Given the above, the request for Right Carpal Tunnel Release Surgery is not medically necessary.

Wrist sling: 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.

Sprix nasal spray 15.75mg, 40 units 5 bottles, one spray in each nostril every 6-8 hours or as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=265a485c-0641-463d-b163-9fcb32cf0d7f>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for short-term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker was utilizing over-the-counter Aleve and aspirin. There was a lack of documentation indicating a necessity for a second NSAID. The efficacy was not provided. Given the above, the request for Sprix Nasal Spray 15.75mg, 40 units 5 bottles, one spray in each nostril every 6-8 hours or as directed is not medically necessary.