

<b>Case Number:</b>	CM14-0069283		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 61 year old female with a 1/13/11 injury date. The mechanism of injury is not provided. In a follow-up on 1/3/14, subjective complaints included numbness and tingling in both hands that wakes her up at night. She continues to drop things and it limits her ability to do ADLs. It is noted that she had bilateral wrist cortisone injections recently without significant relief. Objective findings included positive Tinel's sign at the median nerve, bilateral wrists, positive Phalen's sign bilaterally, and decreased sensation in the median nerve distribution bilaterally. A previous EMG study of the bilateral upper extremities on 4/26/11 noted an incomplete right ulnar sensory neuropathy at the wrist but no evidence of carpal tunnel syndrome. Diagnostic impression: bilateral carpal tunnel syndrome. Treatment to date: bilateral wrist median nerve injections. A UR request on 5/1/14 denied the request for left carpal tunnel release on the basis that guideline criteria were incompletely met. Mainly, an adequate trial of conservative treatment was not attempted. The requests for right carpal tunnel release, wrist sling (post-op), Sprix nasal spray (post-op), and post-op PT were denied because the primary surgical procedure was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official

Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic): Indications for Surgery - Carpal Tunnel Release

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter

**Decision rationale:** CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. In the present case, there was no EMG evidence of carpal tunnel syndrome and there was not even temporary relief after a cortisone injection. Therefore, it is not clear how much the patient would benefit from carpal tunnel release at this time. In addition, it is not clear from the documentation what prior conservative treatments have been tried and what their effect has been. For example, it does not appear that the patient has tried night splinting, physical therapy, or NSAID medications. Therefore, the request for left carpal tunnel release is not medically necessary.

**Right Carpal Tunnel Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic): Indications for Surgery - Carpal Tunnel Release

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter

**Decision rationale:** CA MTUS criteria for carpal tunnel release include failure of non-operative treatment or severe symptoms such as continuous tingling and numbness; most patients should have had at least 1 glucocorticosteroid injection; and patients who do not have a glucocorticosteroid injection that results in at least partial benefit should have an electrodiagnostic study (EDS) consistent with CTS. In the present case, there was no EMG evidence of carpal tunnel syndrome and there was not even temporary relief after a cortisone injection. Therefore, it is not clear how much the patient would benefit from carpal tunnel release at this time. In addition, it is not clear from the documentation what prior conservative treatments have been tried and what their effect has been. For example, it does not appear that the patient has tried night splinting, physical therapy, or NSAID medications. Therefore, the request for right carpal tunnel release is not medically necessary.

**Wrist Sling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic): Splinting

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter

**Decision rationale:** CA MTUS states that there is no quality data and some splints appear indicated for select patients. There are limited indications for splints in patients with select diagnoses generally involving more extensive surgical procedures or other needs to utilize splints for protective purposes. ODG states that splinting after surgery has negative evidence. Two prospective randomized studies show that there is no beneficial effect from postoperative splinting after carpal tunnel release when compared to a bulky dressing alone. The requesting physician failed to establish compelling circumstances identifying why a wrist sling would be required despite adverse evidence. Furthermore, since the surgical procedure was not certified, the request for wrist sling is not medically necessary.

**Sprix 15.75mg Nasal Spray: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Ketorolac (Toradol)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sprix)

**Decision rationale:** CA MTUS does not address this issue. The FDA states that Sprix is indicated for short term (up to 5 days) management of moderate to moderately severe pain. In the present case, the surgical procedures could not be certified, therefore the post-op administration of Sprix is not approved. Therefore, the request for Sprix 15.75 mg nasal spray is not medically necessary.

**Eight (8) Post Operative Physical Therapy Sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS postsurgical treatment guidelines recommend 3-8 physical therapy sessions over 3-5 weeks after open carpal tunnel release. However, since the surgical procedure was not certified, post-op PT cannot be certified. Therefore, the request for Eight (8) Post Operative Physical Therapy Sessions is not medically necessary.