

Case Number:	CM14-0140586		
Date Assigned:	09/10/2014	Date of Injury:	12/05/2009
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	08/29/2014

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:

The claimant is a 48-year-old gentleman who sustained injuries to his upper extremities in a work related accident on December 5, 2009. The medical records specific to the claimant's left upper extremity included a progress report dated August 1, 2014, describing continued left hand pain and numbness. Objective findings on examination included positive Tinel's and Phalen's testing and diminished sensation to pinprick in a median nerve distribution. The report of electrodiagnostic testing from October of 2010, identified evidence of right carpal tunnel syndrome and an active right C6 radiculopathy, but no indication of left sided findings. The medical records do not contain any documentation of electrodiagnostic studies indicating left carpal tunnel syndrome or median nerve compression. The claimant has previously undergone a right carpal tunnel release in November of 2013 and was documented to be doing well. This request is for a left carpal tunnel release procedure.

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 (ODG): Indications for Surgery, Carpal Tunnel Release (CTR)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on California ACOEM Guidelines, the request for carpal tunnel release procedure to the left upper extremity would not be indicated. The medical records contain an electrodiagnostic study that was consistent with right carpal tunnel syndrome but negative for left sided findings. The ACOEM Guidelines would not support the role of carpal tunnel release procedure without documentation of both physical examination findings and electrodiagnostic evidence of the diagnosis. Therefore, based on the negative electrodiagnostic testing for the left upper extremity, the surgical request cannot be supported.

Postoperative physical therapy, for the left wrist and hand, two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for carpal tunnel release procedure to the left upper extremity would not be indicated. Therefore, the request for eight postoperative therapy sessions is also not medically necessary.

Postoperative Zofran , QTY: 10: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp , 18th Edition, 2013 Updates: pain procedure - Antiemetics (for opioid nausea) Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects

Decision rationale: The request for carpal tunnel release procedure to the left upper extremity would not be indicated. Therefore, the request for the postoperative use of Zofran is also not medically necessary.

Postoperative Duracef 500mg: Upheld

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

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: Prokuski L. Source University of Wisconsin Hospitals, Madison, WI 53792, USA. Abstract Recommended as an option in severe cases. See Bone & joint infections: osteomyelitis, acute; Skin & soft tissue infections: cellulitis. The use of prophylactic antibiotics in orthopaedic surgery is effective in reducing surgical site infections in hip and knee arthroplasty, spine surgery

Decision rationale: The request for carpal tunnel release procedure to the left upper extremity would not be indicated. Therefore, the request for postoperative antibiotics is also not medically necessary.

Postoperative Spriz nasal spray 14.76mg, QTY: 40units (5 bottles): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: pain procedure - Sprix (ketorolac tromethamine nasal Spray) See Ketorolac. In May 2010, FDA approved an intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray) for the short-term management of moderate to moderately severe pain requiring analgesia at the opioid level.

Decision rationale: The request for carpal tunnel release procedure to the left upper extremity would not be indicated. Therefore, the request for postoperative Sprix nasal spray is also not medically necessary.

Deuxis (Ibuprofen and Famotidine tablets) 800mg/26.6 QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The request for carpal tunnel release procedure to the left upper extremity would not be indicated. Therefore, the request for postoperative use of anti-inflammatory agent Deuxis is also not medically necessary.