

<b>Case Number:</b>	CM15-0093538		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Minnesota, Florida  
 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 33 year old male, who sustained an industrial injury on 11/19/2012, due to cumulative trauma and repetitive work activities. The injured worker was diagnosed as having cubital tunnel syndrome and carpal tunnel syndrome. Treatment to date has included diagnostics, left cubital tunnel release in 5/2013, left carpal tunnel release 12/2012, bilateral cubital tunnel release in 12/2012 and 3/2013, left shoulder surgery in 7/2014, and medications. Normal electromyogram and nerve conduction studies (2/03/2015) were documented. Currently, the injured worker complains of pain in the left shoulder and elbow, with numbness and tingling in the left hand. Magnetic resonance imaging of the left elbow (3/23/2015) showed slight altered signal of the proximal attachment of the medial conjoint tendon. The ulnar nerve was not well seen in the cubital tunnel, with slight heterogeneity of fat in that region. Left hand pain was described as constant and severe, with radiation to the wrist, forearm, and upper arm. Associated symptoms included weakness, numbness, and tingling. He was unable to grip/grasp and dropped things unexpectedly. Left elbow/forearm pain was described as constant and moderate to severe, with radiation to the fingers, palm, hand, and elbow. Left shoulder pain was intermittent and moderate. No medication use was currently documented. Exam of the left wrist and hand noted hyperhydrosis, tenderness, globally decreased sensation, full range of motion, positive Tinel's, Phalen's, carpal tunnel compression test, TFCC compression test, and Finkelstein's test. Exam of the left elbow noted tenderness to the forearm region, full range of motion, decreased sensation to ulnar digits, and positive provocative testing. The treatment plan included revision of left ulnar nerve release with medial epicondylectomy, revision of left carpal tunnel release

with neuroplasty of scarred nerve, Sprix (5 bottles), and post-operative physical therapy (3x4).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Revision left ulnar nerve release with medial epicondylectomy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) page(s): 37.

**Decision rationale:** The request for revision of the left ulnar nerve release with medial epicondylectomy is not supported. California MTUS guidelines indicate surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. The EMG and nerve conduction study was reported to be normal. As such, the request for a revision left ulnar nerve release with medial epicondylectomy is not supported and the medical necessity of the request has not been substantiated.

#### **Revision left carpal tunnel release with neuroplasty of scarred nerve: 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.

**Decision rationale:** The request for revision of left carpal tunnel release with neuroplasty of scarred nerve is not supported by guidelines. California MTUS guidelines indicate surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaints. Carpal tunnel syndrome must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve conduction tests before surgery is undertaken. In this case, the nerve conduction study is negative. As such, the request for revision left carpal tunnel release with neuroplasty of scarred nerve is not supported and the medical necessity of the request has not been substantiated.

#### **Sprix 5 bottles: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Pain, Topic: Sprix.

**Decision rationale:** ODG guidelines indicate Sprix (Ketorolac Tromethamine Nasal Spray) was approved for short-term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use of this intranasal formulation as with other ketorolac formulations should be for the shortest duration possible and not exceed 5 days. Both studies used for approval were for short-term pain after abdominal surgery so it is not recommended as a first line medication for chronic pain. In this case the injured worker has chronic pain. The request as stated for 5 bottles of Sprix is not supported by guidelines and the medical necessity of the request has not been established.

**Post-op physical therapy 3x4:** 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.