

<b>Case Number:</b>	CM15-0094138		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/30/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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 64 year old female, who sustained an industrial injury on 10/30/2014. She reported injuring her left wrist/hand after being assaulted by a patient. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cubital tunnel syndrome, carpal tunnel syndrome, wrist sprain/strain, and elbow sprain/strain. Treatment and diagnostics to date has included left wrist MRI which showed possible small partial tear of lunotriquetral ligament, normal electromyography/nerve conduction studies, left elbow x-ray showed a spur on the anterior humerus, wrist splint, and medications. In a progress note dated 04/08/2015, the injured worker presented with complaints of left wrist pain, left elbow pain, and left hand numbness and tingling. Objective findings include mild to moderate wrist/hand swelling with tenderness. The treating physician reported requesting authorization for left ulnar nerve release, left wrist carpal tunnel surgery, postoperative occupational therapy, and Sprix spray.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: 5 bottles of Sprix spray: 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 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. The request as stated for 5 bottles of Sprix is not supported by guidelines which indicate maximum use for 5 days, and do not recommend its use in chronic pain. As such, the medical necessity of the request has not been established.

## **12 Post -op occupational therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37, 270.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

## **1 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 Disability Guidelines (ODG), indication for surgery, ulnar nerve release.

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

**Decision rationale:** The request for 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 entirely normal. As such, the request for a left ulnar nerve release with medial epicondylectomy is not supported and the medical necessity of the request has not been substantiated.

## **1 Left wrist endoscopic versus open carpal tunnel release: 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 Page(s): 270.

**Decision rationale:** The request for a left carpal tunnel release 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 entirely normal and the EMG did not show any evidence of denervation. As such, the request a left endoscopic versus open carpal tunnel release is not supported and the medical necessity of the request has not been substantiated.