

Case Number:	CM13-0000891		
Date Assigned:	02/26/2014	Date of Injury:	02/01/2013
Decision Date:	04/11/2014	UR Denial Date:	06/20/2013
Priority:	Standard	Application Received:	07/01/2013

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 patient is a 28-year-old female bartender who sustained an upper extremity cumulative trauma injury on 1/23/13. The 2/14/13 initial occupational medicine report documented the diagnosis as right upper extremity overuse syndrome and tendinitis with no evidence of carpal tunnel syndrome. Twelve visits of acupuncture and 8 visits of occupational therapy were provided through 5/8/13. The 6/7/13 bilateral upper extremity EMG/NCV findings were reported as normal. The initial surgical consult on 6/10/13 recommended a right radial tunnel release. Additional occupational therapy was subsequently prescribed for 12 visits. The 8/7/13 orthopedic report stated that the patient had completed additional hand therapy without any relief. The patient continued to complain of pain in the radial forearms which radiated down into the dorsal wrist and hand. She was unable to work as a result of on-going symptoms. Objective findings documented moderate right radial tunnel tenderness, slight left radial tunnel tenderness, and positive bilateral provocative maneuvers for radial tunnel syndrome, mild bilateral volar forearm tenderness, and negative carpal tunnel signs bilaterally, and diminished grip strength. The diagnosis was bilateral radial tunnel syndrome, bilateral forearm tendinitis, and resolved bilateral carpal tunnel syndrome. Work restrictions included no heavy, repetitive, or forceful use of both hands. The treating physician stated that the patient had failed to respond to over 6 months of rest, splinting, medications, acupuncture, and physical therapy and requested a right radial tunnel release. He stated that the patient had classic findings of radial tunnel syndrome and negative electrodiagnostic studies are found in approximately 100% of radial tunnel cases.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT RADIAL TUNNEL RELEASE: 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).

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

Decision rationale: The request under consideration is for a right radial tunnel release. The California MTUS Elbow Guidelines state that surgery for radial nerve entrapment requires a firm diagnosis on the basis of clear clinical evidence and that positive electrical studies that correlate with clinical findings should be present. Guidelines state that if the patient fails to show signs of improvement after 3 to 6 months of conservative care, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome, including electrodiagnostic studies and objective evidence of functional loss. Guideline criteria have not been met. Electrodiagnostic studies were reported as normal and do not document radial tunnel syndrome as required by guidelines. Therefore, this request for right radial tunnel release is not medically necessary.