

Case Number:	CM13-0020156		
Date Assigned:	10/11/2013	Date of Injury:	09/30/1999
Decision Date:	01/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 64-year-old male who reported an injury on 09/30/1999. The patient is currently diagnosed with recurrent right radial tunnel syndrome, status post previous right radial nerve decompression, and mild median nerve compromise on electrodiagnostic studies with no symptoms of carpal tunnel syndrome. The patient was seen by [REDACTED] on 08/06/2013. Physical examination revealed exquisite tenderness over the right radial tunnel with positive provocative testing for radial tunnel syndrome, normal motor and sensory examination, and no lateral epicondylar tenderness. Treatment recommendations included a revision right radial nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of right radial nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for radial tunnel syndrome (lesion of radial nerve).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that there are no quality studies on which to rely for the treatment of radial neuropathies and there is no evidence of benefits of the following treatment options. However, these options have few side effects and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended, including the use of a wrist splint for periodic day time use and utilization of nonsteroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines state that surgery for radial tunnel syndrome is recommended as an option in simple cases after 3 to 6 months of conservative care, plus positive electrodiagnostic studies and objective evidence of loss of function. As per the clinical notes submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical procedure. Conservative treatment may include activity modification, medications, immobilization, and physical therapy. The patient previously underwent right lateral epicondylar surgery and radial nerve decompression on 08/06/2013. There are no postoperative electrodiagnostic studies of the right upper extremity submitted for review. Based on the clinical information received, the request for a revision of right radial nerve decompression is not medically necessary or appropriate at this time.