

Case Number:	CM13-0049146		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2009
Decision Date:	03/06/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine has a subspecialty in Internal Medicine 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:

According to the records made available for review, this is a 41 year old female with a 10/13/09 date of injury. At the time of request for authorization for bilateral radial nerve decompression surgery there is documentation of subjective (lateral forearm pain, hand weakness, and persistent numbness and tingling in the hands) and objective (tenderness to palpation over the proximal forearm extensor muscle bellies, dorsal aspect of both hands, and extensor tendons of the wrists; positive Tinel's sign; and decreased sensation over the dorsal aspect of both hands) findings, electrodiagnostic study (EMG/NCV upper extremities (7/25/13) report revealed a negative study for peripheral neuropathy), current diagnoses (bilateral wrist extensor tendonitis with possible radial nerve entrapment), and treatment to date (medications, TENs unit, and physical therapy). There is no documentation of 3-6 months of conservative care (including cock-up wrist splint and local anesthetic or corticosteroids injections in the area of the radial tunnel) and positive electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Radial Nerve Decompression Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

Decision rationale: MTUS reference to ACOEM identifies documentation of 3-6 months of conservative care (including cock-up wrist splint, NSAIDs, and local anesthetic or corticosteroids injections in the area of the radial tunnel), positive electrodiagnostic studies, and objective evidence of loss of function, as criteria necessary to support the medical necessity of radial nerve entrapment. Within the medical information available for review, there is documentation of a diagnosis of bilateral wrist extensor tendonitis with possible radial nerve entrapment. In addition, there is documentation of subjective (lateral forearm pain, hand weakness, and persistent numbness and tingling in the hands) and objective (tenderness to palpation over the proximal forearm extensor muscle bellies, dorsal aspect of both hands, and extensor tendons of the wrists; positive Tinel's sign; and decreased sensation over the dorsal aspect of both hands) findings, and failure of conservative treatment (medications, TENS unit, and physical therapy). However, there is no documentation of 3-6 months of additional conservative care (including cock-up wrist splint and local anesthetic or corticosteroids injections in the area of the radial tunnel). In addition, given documentation of EMG/NCV upper extremities identifying a negative study for peripheral neuropathy, there is no documentation of positive electrodiagnostic studies. Therefore, based on guidelines and a review of the evidence, the request for bilateral radial nerve decompression surgery is not medically necessary.