

<b>Case Number:</b>	CM13-0049151		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/24/2010
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopaedic Surgery, has a subspecialty in Sports 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:

The patient is a 45 year old man post report of work related injury related to cumulative trauma through industrial painting. His injury date is noted to be 3.24.10. Carpal tunnel syndrome was diagnosed via electrodiagnostic testing, and carpal tunnel syndrome was performed in July of 2010. Pain has continued in the right upper extremity, and exam notes tenderness over the radial tunnel on the right. No deficit in strength or sensation are noted, and no electrodiagnostic evidence of nerve entrapment at the radial tunnel is reported in the EMG/NCV from 2.19.13. The request is for radial tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radial tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-240. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19.

**Decision rationale:** The ACOEM guidelines section addressing radial nerve entrapment note that when electrodiagnostic testing is able to be performed, that it is helpful. This patient did

have electrodiagnostic testing, and there was not evidence of radial nerve entrapment or pathology in the report of the EMG. In addition, 4 separate injections to the radial tunnel did not result in improvement of symptoms. Without evidence by electrodiagnostic testing or diagnostic injections, there is not evidence provided to support the diagnosis of radial tunnel syndrome, and ACOEM guidelines for radial tunnel release are not met.