

Case Number:	CM13-0052920		
Date Assigned:	12/30/2013	Date of Injury:	01/15/2009
Decision Date:	04/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 claimant is a 43 year old who sustained an injury to the left upper extremity in a work related accident on January 15, 2009. The clinical records provided for review included electrodiagnostic studies performed on October 22, 2013 that were documented to be normal of the upper extremities. A follow-up assessment on October 29, 2013 by [REDACTED] indicated that a recent peer review was done to determine the need for a left radial tunnel release. He stated prior treatment included a previous right arm radial tunnel release, carpal tunnel release and cubital tunnel release. He described "similar symptoms" with tenderness about the radial nerve particularly in the radial tunnel, strength was noted to be 5/5. [REDACTED] documented that a report of an MRI scan of the cervical spine that was normal. He once again recommended a radial tunnel release procedure based on the above findings. The documentation of treatment in regards to the claimant's radial tunnel was not noted. This is a retrospective request for the role of a left radial tunnel procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective left arm radial tunnel release: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: Based on the ACOEM Guidelines, radial nerve entrapment is not supported by operative intervention. The ACOEM Guidelines indicate that quality studies regarding surgical release of radial nerve entrapment demonstrate no significant benefit or efficacy. In regards to the need for the procedure the ACOEM Guidelines indicate that if surgery should take place, six months of conservative care would need to be undertaken as well as documentation of positive electrodiagnostic studies and objective evidence of loss of function. The records in this case fail to demonstrate significant conservative care focused on the claimant's radial tunnel and also demonstrates normal electrodiagnostic studies of the upper extremities. The request for a retrospective left arm radial tunnel release is not medically necessary and appropriate.