

Case Number:	CM13-0063843		
Date Assigned:	12/30/2013	Date of Injury:	01/04/2011
Decision Date:	05/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/10/2013

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:

This is a 43 year old claimant with industrial injury 1/4/11 with right shoulder and cardiothoracic stain. An MRI of the right shoulder 4/4/12 demonstrates no evidence of rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

SX - 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Radial Tunnel Release Section

Decision rationale: According ODG criteria, radial tunnel release is recommended as an option if the patient has failed 3-6 months of conservative therapy and there is electrodiagnostic evidence with objective loss of function. In this case the records don't demonstrate electrodiagnostic evidence of a radial nerve lesion or failure of 3-6 months of conservative therapy. Therefore the determination is for non-certification.