

<b>Case Number:</b>	CM13-0064602		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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, and is licensed to practice in New Jersey. 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 56 yo with problems in multiple areas of her body, over a period of several years. The problem under consideration at this time is potential surgery for right radial tunnel syndrome. On 04/20/11, [REDACTED], physical medicine and rehabilitation, reported nerve conduction and EMG findings in the right upper extremity as normal, but did indicate that there were diffuse right upper limb symptoms and non-physiologic physical findings which may represent demyelinating radial nerve dysfunction which might represent radial nerve dysfunction across the radial tunnel, and suggested clinical correlation [REDACTED], hand surgery, in a report dated 11/30/12, notes that the patient reports consistent discomfort in the right forearm, with improvement following a cortisone injection into the radial tunnel. On examination, he reports forearm discomfort and mild provocative signs for radial tunnel syndrome. Surgery was discussed. Surgery was delayed, and on 09/27/13, she reported that she had been having acupuncture, which she felt was helpful. On examination, shoulder impingement signs were indicated, as well as "ongoing radial nerve signs", not otherwise detailed. On 11/12/13, she was doing better with regard to her wrist and forearm. Examination was unchanged. Surgery was considered for January or February of 2014. [REDACTED], physical medicine and rehabilitation, evaluated the patient on 12/12/13, and noted examination findings of tenderness in the lumbar spine, AC joints of the shoulders, and right wrist pain

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right radial tunnel release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19, 38 180-184.

**Decision rationale:** The documentation lacks evidence of loss of radial nerve activity, or of function in the extremity, as are indicated in the ACOEM, pps 19, 38. The localization of the problem is unclear, reported as wrist in the reports of [REDACTED], and with mild discomfort reported by [REDACTED].

**Pre-op EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-op Physical Therapy x 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.