

<b>Case Number:</b>	CM14-0120705		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 43-year-old female cosmetologist sustained an industrial injury on 5/14/12 relative to repetitive work duties. The 12/10/12 electrodiagnostic testing evidenced severe left and moderate to severe right carpal tunnel syndrome. The patient underwent left carpal tunnel release in April 2013 and right carpal tunnel release in June 2013. Records indicated the patient developed right radial tunnel symptoms secondary to repetitive work, several weeks after returning to work in late August/early September. Conservative treatment for the diagnosis of radial tunnel syndrome was initiated on 10/31/13 and included lidocaine patches, anti-inflammatory medication, activity modification, splinting, diagnostic injection, therapy, and ice. The 6/5/14 treating physician letter cited continued complaints of significant burning pain in the right forearm, particularly with repetitive activity. Physical exam documented tenderness isolated over the radial tunnel and pain with resisted wrist extension, middle finger extension, and forearm supination. The treating physician stated that radial tunnel syndrome was not diagnosed with either MRI or electrodiagnostic studies and these tests were unnecessary. The diagnostic procedure of choice was a diagnostic anesthetic injection that produces pain relief and a wrist drop. The patient had this. The 7/1/14 utilization review denied the right radial tunnel release and associated items based on a lack of clinical findings and electrodiagnostic studies or imaging confirming a radial tunnel diagnosis.

### 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): 38.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for radial tunnel syndrome (lesion of radial nerve).

**Decision rationale:** The California MTUS guidelines state that surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. If the patient fails at least 3 to 6 months of conservative treatment, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome including positive electrodiagnostic studies and objective evidence of loss of function. The Official Disability Guidelines recommend surgery for radial tunnel syndrome as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. Guideline criteria have not been met. There is no documentation in the records that electrodiagnostic studies have been completed and are positive for radial nerve entrapment. Therefore, this request is not medically necessary.

**Post-op splint:** 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.

**Consultation to complete a comprehensive history and physical:** 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.

**Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory. Decision based on Non-MTUS Citation Relafen package insert.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Relafen, are indicated for treatment of symptoms associated with osteoarthritis. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain. The revised ACOEM elbow chapter recommends the use of NSAIDs for radial tunnel syndrome. Guideline criteria have not been met. Records do not suggest that there has been any benefit with the use of Relafen. There is no change in function noted with the addition of this medication. Therefore, this request is not medically necessary.

**Norco 5/325mg #30:** 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.

**Twelve (12) certified hand therapy sessions:** 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.