

<b>Case Number:</b>	CM14-0128936		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 has a subspecialty in Hand Surgery and is licensed to practice in Texas and Georgia. 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:

The injured worker is a 48-year-old female who reported injury on 03/11/2013. The mechanism of injury was not provided. Other therapies included stretching exercises and steroid injections. The surgical history, medications and diagnostic studies were not provided. The documentation of 05/14/2014 revealed the injured worker had pain on the wrist, radial and dorsum and on the extensor forearm and elbow. The injured worker indicated she had worked hard to lose weight and did not want to risk increasing her hunger after a steroid injection. The physical examination revealed tenderness in the radial wrist. The Finkelstein's test was positive. There was tenderness in the second extensor compartment extending to the area of intersection. There was tenderness right at the proximal forearm radial tunnel area. In the radial area, slight in the surrounding area and minimal at the right outer elbow. The resisted long finger extension, resisted wrist dorsiflexion, and resisted supination caused focal tenderness at the area of intersection and none at the outer elbow. The diagnoses included right de Quervain's status post first steroid injection 12/03/2013, worsened right radial tunnel and right lateral epicondylitis, right second extensor tendinitis and intersection syndrome distal forearm, and mild residual repetitive strain injury extensor myofascial pain. The treatment plan included surgical intervention of a right de Quervain's, right second extensor compartment and tenolysis of the area of intersection plus release of the radial nerve in the proximal forearm at the radial tunnel. The subsequent documentation of 08/13/2014 revealed the injured worker had ongoing pain in the right proximal forearm especially at the area of intersection and on her wrist. The physical examination confirmed first and second extensor tendonitis that was worsened with provocative testing, especially in the area of the intersection. The injured worker had tenderness at the radial tunnel of the proximal forearm. The diagnoses remained the same. The recommendation included the

physician was hopeful for an approval of a right radial tunnel release so that all areas might be improved at one surgical sitting. There was no request for authorization submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right radial tunnel release proximal forearm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical considerations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that the treatment for radial nerve entrapment include there should be documentation of clear clinical evidence with positive electrodiagnostic studies that correlate with clinical findings. There should be documentation of a significant loss of function including significant activity limitation due to the nerve entrapment and that the injured worker has failed conservative care including full compliance therapy and work station changes. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there is a lack of documentation indicating the injured worker had positive electrodiagnostic studies. Given the above and the lack of documentation, the request for right radial tunnel release proximal forearm is not medically necessary.