

Case Number:	CM14-0159414		
Date Assigned:	10/01/2014	Date of Injury:	08/29/2010
Decision Date:	11/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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:

48 year old female with an industrial injury reported on 8/29/10. An Electrodiagnostic study from 11/22/13 demonstrates evidence of severe compression neuropathy at the lateral elbow and absent radial response with diminished amplitude. Exam note 4/10/14 demonstrates report of severe right elbow pain. History is noted of lateral epicondylitis. Status post lateral epicondylar repair at the right elbow on 1/14/13. Physical exam demonstrates difficulty testing affected arm secondary to severe pain. Impression is given of bilateral epicondylar repair with CRPS I right arm. Exam note 7/23/14 demonstrates healed incision right elbow. There is no erythema or warmth. The patient has marked hypesthesia noted in the right upper extremity diffusely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radial Nerve Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 2009 ACOEM Practice Guidelines, Radial Nerve Entrapment, page 240-241

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for radial tunnel syndrome

Decision rationale: CA MTUS/ACOEM is silent on the issue of radial tunnel surgery. Per the ODG, Elbow (Acute and chronic), Surgery for radial tunnel syndrome (lesion of radial nerve), "Recommended as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. Surgical decompression of radial tunnel syndrome (RTS), a relatively rare condition, remains controversial because the results are unpredictable. Surgical decompression may be beneficial for simple RTS, but may be less successful if there are coexisting additional nerve compression syndromes or lateral epicondylitis or if the patient is receiving workers' compensation." In this case there is insufficient evidence in the records of ruling out chronic regional pain syndrome (CRPS I) prior to contemplation of radial tunnel release which may worsen patient's symptoms. Therefore the determination is for not medically necessary.