

<b>Case Number:</b>	CM14-0036923		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 36-year-old female who reported an injury on 04/24/2012 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to the bilateral arms, wrists, and hands, most significantly to the left upper extremity. The injured worker underwent an electrodiagnostic study on 06/13/2013 that documented there was mild right ulnar neuropathy at the cubital tunnel and slight median nerve irritation of the right wrist. The injured worker underwent cubital tunnel release on 01/16/2014. The injured worker was evaluated on 03/07/2013. It was noted that the injured worker had continued pain radiating in the left upper extremity that had not responded to therapy or splinting. Physical findings included positive Wartenberg's maneuver and Tinel's sign over the radial nerve with decreased sensation over the nerve region. The injured worker's treatment plan included superficial radial nerve decompression followed by postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left radial nerve superficial decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends surgical intervention to the elbow is supported by significant clinical findings recalcitrant to conservative measures supported by diagnostic studies. The clinical documentation submitted for review does provide evidence that the injured worker has had physical therapy and splinting that have failed to resolve the injured worker's symptoms of radial nerve entrapment. However, there was no documentation of a recent electrodiagnostic study to support that the injured worker has radial nerve entrapment. In the absence of this information, surgical intervention would not be supported at this time. As such, the requested outpatient left radial nerve superficial decompression is not medically necessary.

**Post operative Occupational therapy (OT) 2 times per week over 6 weeks for the left elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation and is not considered medically necessary, the requested ancillary service is also not medically necessary.