

Case Number:	CM14-0045919		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2009
Decision Date:	08/01/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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 34-year-old female who reported injury on 03/05/2009. The injured worker is a 34-year-old female who reported injury on 03/05/2009. The injured worker underwent a physical examination on 02/25/2014, which revealed the injured worker had left forearm pain radiating to the dorsum of the left hand. The examination of the left forearm and elbow revealed tenderness over the radial tunnel. There was no tenderness over the lateral epicondyle. There was full range of motion of the left elbow. The diagnoses included radial tunnel syndrome, left elbow, status post carpal tunnel releases bilaterally. The treatment plan included as the injured worker had been symptomatic since 2006, the injured worker had extensive conservative treatment for the radial tunnel syndrome in the past including cortisone injections and physical therapy, and it was noted the injured worker failed conservative treatment. There was a formal request for a radial tunnel release of the left forearm, preoperative medical clearance, postoperative physical therapy and RNFA or PA surgical assistant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left radial tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, elbow chapter, surgery for radial tunnel syndrome (lesion of radial nerve).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 46-47.

Decision rationale: The ACOEM Guidelines indicate a referral for surgical consultation may be appropriate for injured workers who have significant limitations of activity for more than 3 months, failure to improve with exercise programs to increase range of motion or clear and clinical electrophysiological or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. They further indicate that surgery for radial nerve entrapment, including radial tunnel syndrome, requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings should be present. There should be documentation of loss of function. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. Electrodiagnostic studies would be normal in the case of radial tunnel syndrome. There was not enough documentation of objective loss of function. Given the above, the request for left radial tunnel release is not medically necessary.

Pre-operative medical clearance: 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 is medically necessary.

Post-operative physical therapy three times per week for five weeks: 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 is medically necessary.

RNFA or PA surgical assistant: 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 is medically necessary.