

Case Number:	CM14-0046114		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2013
Decision Date:	08/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/13/2014

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 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 44-year-old female who reported an injury on 08/09/2013. The mechanism of injury was not specifically stated. The current diagnoses include left forearm radial nerve compression and left wrist radiocarpal pain. The injured worker was evaluated on 02/20/2014 with complaints of left wrist pain. The physical examination revealed tenderness to palpation, mild snuffbox tenderness, negative Finkelstein's testing, and significant Tinel's sign. Treatment recommendations at that time included a corticosteroid injection into the left wrist followed by a release of the superficial branch of the radial nerve with decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left forearm superior branch of radial nerve decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and

electrophysiologic or imaging evidence of a lesion. Surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. Positive electrical studies that correlate with clinical findings should be present. Absent findings of severe neuropathy such as muscle wasting, at least 3 to 6 months of conservative care should precede a decision to operate. As per the documentation submitted, there was no mention of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Therefore, the injured worker does not currently meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines. As such, the request is non-certified.