

<b>Case Number:</b>	CM14-0046350		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Montana. 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 45 year old left handed female clerical worker who on 8/9/13 reported a repetitive use injury to the left wrist due to increased typing duties at work. She was treated with physical therapy, activity modification, bracing, and non-steroidal anti-inflammatory drugs initially which did not relieve her left wrist pain. Plain films of the left wrist on 8/13/13 were within normal limits and a magnetic resonance imaging scan of the left wrist on 1/27/14 demonstrated only minimal degenerative changes about the triangular fibrocartilage complex with no osseous abnormalities noted. Due to persistent tenderness of the superficial branch of the radial nerve at the point of the distal brachioradialis fascia with a positive Tinel's sign, a nerve block was performed on 11/27/13. This gave her good relief of most of her pain symptoms until the local anesthetic dissipated, with some mild to moderate sustained relief afterwards. A left wrist intraarticular steroid injection gave some transient relief for two days. The injured worker also reported continued dorsal left wrist pain over the radiocarpal and radiolunate articulations. There is no tenderness of the first dorsal compartment. The injured worker has been diagnosed with Wartenberg's syndrome of the superficial branch of the radial nerve and synovitis of the left wrist. A left wrist diagnostic arthroscopy and left superficial branch of the radial nerve release have been recommended.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Surgery for radial tunnel syndrome (lesion of radial nerve).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not address Wartenberg's syndrome. The American College of Occupational and Environmental Medicine and Official Disability Guidelines recommend release of the superficial branch of the radial nerve (Wartenberg's syndrome) that has not responded to prolonged conservative treatment (3-6 months) including physical therapy, bracing, non-steroidal anti-inflammatory drugs, activity modification, and steroid injection. The injured worker has failed all of these interventions for one year. She is therefore a candidate for surgical release of the superficial branch of the left radial nerve at this time. The reasons for the previous denial of the left forearm superior branch of radial nerve decompression are not addressed in the available records for review. This request is medically necessary.