

<b>Case Number:</b>	CM14-0048153		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/15/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Surgeon, 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:

This 36-year-old female sustained an industrial injury on 5/15/10, relative to cumulative trauma. Conservative treatment included physical therapy, splinting, activity modification, and medications. The 1/16/14 treating physician report indicated that the 4/8/13 AME recommended ultrasound, bilateral upper extremity EMG/nerve conduction studies, and surgical release. The 2/27/14 treating physician progress report cited bilateral forearm pain radiating to the upper extremities. Pain was exacerbated with any use of the arms. Pain medications provided some improvement. Physical exam documented tenderness over the bilateral extensor muscle mass, and positive Tinel's sign bilaterally at the radial tunnels. The diagnosis was bilateral radial tunnel syndrome. The treatment plan recommended surgical intervention consisting of bilateral radial tunnel decompression. The 4/3/14 utilization review did not grant the request for bilateral radial tunnel decompression based on an absence of an electrodiagnostic study report and no documentation of motor or sensory deficits on physical exam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral radial tunnel decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

**Decision rationale:** The California MTUS updated ACOEM elbow guidelines state that surgery for radial nerve entrapment requires establishing a firm diagnosis based on clear clinical evidence. If the patient fails at least 3 to 6 months of conservative treatment, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome including positive electrodiagnostic studies and objective evidence of loss of function. Guideline criteria have not been met. There is no documentation in the records that electrodiagnostic studies have been completed and are positive for radial nerve entrapment. There is no current functional assessment documented. Therefore, this request for bilateral radial tunnel decompression is not medically necessary.

**Tylenol with codeine #3, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Codeine Page(s): 76-80, 92.

**Decision rationale:** As the request for bilateral radial tunnel decompression is not medically necessary, the associated request for Tylenol with codeine #3, #60 with 2 refills, is not medically necessary.