

Case Number:	CM14-0054147		
Date Assigned:	07/07/2014	Date of Injury:	10/09/2012
Decision Date:	08/28/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 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 52-year-old female who reported an injury on 10/09/2012. The mechanism of injury was not provided for review. The injured worker's treatment history included carpal tunnel release in 2001 and cervical facet blocks in 2001. The injured worker underwent an electrodiagnostic study on 08/14/2013. It was documented that there was mild median sensory neuropathy at the right carpal tunnel with no evidence of ulnar neuropathy or other neuropathic or myopathic processes. The most recent clinical evaluation submitted for review was dated 02/25/2014. It documented that the injured worker had complaints of pain in the right elbow. Physical findings included tenderness to the lateral epicondyle with limited range of motion. The injured worker's diagnoses included sprain and strain of unspecified site of the elbow and forearm. At that time a recommendation was made for a second opinion for surgical intervention regarding arthroscopy with loose body removal. The current request is for decompression of the radial nerve proximal dorsal forearm. However, no justification or support for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of the radial nerve proximal dorsal forearm: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, 238, 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The American College of Occupational and Environmental Medicine recommends injured workers for surgical consideration of the elbow when there are clear physical examination findings of a lesion that would benefit both long and short term from surgical intervention that is corroborated by an imaging study and/or an electrodiagnostic study that has failed to respond to conservative treatment. The clinical documentation submitted for review does provide significant examination findings that have not responded to conservative treatment. Additionally, these findings are supported by electrodiagnostic and imaging findings. As such, the requested decompression of the radial nerve proximal dorsal forearm is medically necessary and appropriate.