

Case Number:	CM14-0090304		
Date Assigned:	07/23/2014	Date of Injury:	03/28/2013
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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 Surgery and is licensed to practice in New York. 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 patient has chronic left elbow pain. He feels his symptoms are getting worse. On physical examination he has 145 of elbow flexion normal extension normal pronation and supination. There is a positive radial nerve compression test. Diagnoses include left elbow pain left radial tunnel syndrome and mild left lateral epicondylitis. The patient is limited on physical therapy, acupuncture, medications and restricted work duties. At issue is whether left elbow surgery for radial tunnel decompressions medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radial tunnel decompression to include two surgeons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow procedure summary; Evidence for surgery and assistant surgeon- Acta Orthop Belg. 199 Dec;65(4);510-3, American Association of Orthopedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:ODG.

Decision rationale: The Official Disability Guidelines indicate that radial nerve decompression is an option after 3-6 months of conservative measures are completed and when the patient has positive electrodiagnostic studies and objective evidence of loss of function. In this case electrodiagnostic studies do not show any abnormalities in the radial nerve. In addition the patient's physical examination does not show any objective evidence of loss of function. Criteria for radial tunnel decompression not met. As such, the request is not medically necessary and appropriate.

Pre-op clearance to include history & physical, chest x-ray, CMP, CBC, lipid panel, PT/PTT, and UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 are medically necessary.