

Case Number:	CM14-0204222		
Date Assigned:	12/16/2014	Date of Injury:	01/29/2010
Decision Date:	02/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 is a 53 year old male with a 1/29/10 injury date. The recent notes were handwritten, very brief, and difficult to read. In a 9/29/14 note, the patient complained of 7/10 right elbow/forearm pain. Objective findings included tenderness over the radial tunnel. The provider recommended radial tunnel release. Diagnostic impression: right radial tunnel syndrome. Treatment to date: medications and bracing. A UR decision on 11/10/14 denied the request for right radial tunnel release because there were no significant symptoms or exam findings consistent with radial tunnel syndrome. The request for pre-operative medical clearance was denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Medical Clearance: Upheld

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

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: ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery

Decision rationale: CA MTUS does not address this issue. The ACC/AHA 2007 Guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery state that in the asymptomatic patient, a more extensive assessment of history and physical examination is warranted in those individuals 50 years of age or older. However, since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right Radial Tunnel Release: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Elbow Chapter--Radial tunnel syndrome

Decision rationale: CA MTUS recommends radial tunnel release when significant problem exists, as reflected in significant activity limitations due to the specific problem and when the patient has failed conservative care. However, there was no documentation of significant functional or activity limitations. In addition, the physical exam was very brief with "radial tunnel TTP" as the only significant finding. Given that the majority of patients with radial tunnel syndrome improve with time and conservative treatment, a much more detailed account of symptoms and signs would be needed in order to support the requested procedure. Therefore, the request for right radial tunnel release is not medically necessary.