

<b>Case Number:</b>	CM14-0207503		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 is a 60-year-old male who was involved in a motor vehicle accident on December 14, 2000. The patient sustained injuries to the cervical spine, shoulder, wrist, right leg and bilateral ankles. The patient takes chronic narcotics for pain. The patient has had multiple sessions of physical therapy. The patient has had surgery for right shoulder arthroscopy left shoulder arthroscopy and left total knee arthroplasty. The patient has left wrist pain. He reports pain along the ulnar and radial services of the wrist. On physical examination his tenderness over the carpal joint of the thumb. Grip strength is normal. There is pain radiating along the radial aspect of the forearm and lateral epicondyles. At issue is whether left forearm neurotomy surgeries medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left forearm anterior interosseous nerve and posterior interosseous nerve neurectomy qty: 2.00:** 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: MTUS elbow and hand chapter, ODG elbow and hand chapter

**Decision rationale:** This patient does not meet criteria for upper extremity nerve surgery. Specifically the medical records do not contain neurophysiologic testing that demonstrates abnormalities along the interosseous nerve. In addition the patient has not had an adequate trial and failure conservative measures to include physical therapy. More conservative measures and necessary. Also the physical examination does not clearly correlate with imaging studies and neurophysiologic studies showing specific neurologic upper extremity compression. Surgery not medically necessary at this time.