

Case Number:	CM15-0010905		
Date Assigned:	01/28/2015	Date of Injury:	11/07/2011
Decision Date:	04/09/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 41-year-old female who sustained an industrial injury on 11/07/11, relative to cumulative trauma. The 9/4/13 cervical MRI documented a C3/4 broad-based disc bulge with mild central canal and foraminal stenosis. The 9/14/13 cervical flexion/extension films documented instability at C3/4. She underwent surgical decompression of the right brachial plexus on 06/27/14 followed by post-operative physical therapy. She reported continued neck pain radiating to the right upper extremity in the post-op period, especially severe with cervical rotation. The 11/25/14 treating physician report cited severe neck pain radiating to the right upper extremity. Physical exam documented 4+/5 strength in the bilateral finger flexors and intrinsic, decreased sensation in the 4th and 5th fingers bilaterally, decreased right triceps reflex, and positive Spurling's test. The treatment plan indicated the injured worker had failed conservative treatment and had clinical and imaging findings consistent with C3/4 dermatome and myotomal involvement. A C3/4 anterior cervical discectomy and fusion was recommended and subsequently approved in utilization review on 12/5/14. The 12/30/14 neurosurgical evaluation report cited additional complaints of right forearm pain radiating into the 1st and 2nd fingers in the distribution of the right radial nerve. Physical exam documented 4+/5 bilateral finger flexor and intrinsic muscle weakness and 4+/5 right finger extensor weakness. There was sensory loss in the bilateral 4th and 5th fingers, and right 1st and 2nd fingers. There was a positive Tinel's over the right radial and posterior interosseous nerve. A 2/10/14 ultrasound was reported consistent with right radial nerve compression. The diagnosis was cervical radiculopathy secondary to instability at C3/4 and compression of the right radial and posterior

interosseous nerves. The treatment plan recommended that the patient undergo decompression of the right radial and posterior interosseous nerves in the same setting as the C3/4 anterior cervical discectomy and fusion. On 01/09/2015, Utilization Review non-certified a request for decompression of the right radial and posterior interosseous nerves. The rationale for non-certification cited the current recommendation for a C3/4 anterior cervical discectomy and fusion, no imaging or electrodiagnostic evidence of radial nerve entrapment, and no detailed documentation relative to conservative treatment trial and failure. The MTUS-ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of the right radial and posterior interosseous nerves: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow.

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

Decision rationale: The California MTUS guidelines state surgery for radial nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence. Positive electrical studies that correlate with clinical findings should be present. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, and workstation changes (if applicable). Before proceeding with surgery, patients must be apprised of all possible complications, including the extent of the incision, wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. Records suggest that this is a new onset of radial nerve symptoms. There is no documentation in the records that electrodiagnostic studies have been completed and are positive for radial nerve entrapment. Detailed evidence of a recent, reasonable and/or comprehensive guideline-recommended non-operative treatment protocol trial directed to the right upper extremity and failure has been submitted.