

Case Number:	CM15-0162064		
Date Assigned:	08/28/2015	Date of Injury:	11/20/2013
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: Maryland, Virginia, North Carolina
Certification(s)/Specialty: Plastic 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:

This 35 year old male sustained an industrial injury on 11-20-13. He subsequently reported right upper extremity pain. Diagnoses include right radial tunnel syndrome. Treatments to date include MRI testing, injections and prescription pain medications. The injured worker has continued complaints of right elbow pain. Upon examination, there was numbness and tingling in fingertips and ring finger. Extensor forearm tenderness was noted. Provocative signs in the lateral epicondylitis and radial tunnel syndrome were noted. A request for Right Radial Tunnel Release, Right Lateral Epicondylar Debridement/Release and Drilling and Right Carpal Tunnel Release was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radial Tunnel Release, Right Lateral Epicondylar Debridement/Release and Drilling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment, Lateral Epicondylalgia.

Decision rationale: The patient is a 35 year old male with signs and symptoms of possible right radial tunnel syndrome and right lateral epicondylitis. He is noted to have severe pain of the right elbow. Conservative management has included medical management, splinting, activity modification, steroid injection, physical therapy and acupuncture. Electrodiagnostic studies are not supportive of a radial tunnel syndrome. MRI of the right elbow noted tendinosis laterally of the common extensor tendons. Overall, the patient satisfies medically necessary guidelines for surgical treatment of lateral epicondylitis. He has failed extensive conservative management over a greater than 6 month period. From ACOEM, Elbow complaints, page 36, 'Thus, surgery for lateral epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of 6 months of care that includes at least 3-4 different types of conservative treatment. However, there are unusual circumstances in which, after 3 months of failed conservative treatment, surgery may be considered. This is not the case for surgical treatment of the radial tunnel. From page 38, If, after at least 3-6 months of conservative treatment, the patient fails to show signs of improvement, surgery may be a reasonable option if there is unequivocal evidence of radial tunnel syndrome that includes positive electrodiagnostic studies and objective evidence of loss of function as outlined above. Surgical options for this problem are high cost, invasive, and have side effects. Yet, lack of improvement may in infrequent circumstances necessitate surgery and surgery for this condition is recommended.' Therefore, without supportive evidence of radial tunnel syndrome on EDS, this should not be considered medically necessary.

Right Carpal Tunnel Release: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations, Summary.

Decision rationale: The patient is a 35 year old male a stated diagnosis of right carpal tunnel syndrome. Electrodiagnostic studies from 4/16/15 support a mild right carpal tunnel syndrome. Conservative management has included medical management, splinting, physical therapy, injection into the carpal tunnel with temporary improvement and acupuncture. Documentation from 7/27/15 noted carpal compression testing was equivocal and Tinel's sign was negative overlying the median nerve at the wrist. Previously he had had a positive carpal compression test on the right as noted on 1/27/15. Documentation from 8/12/15 noted the patient has nighttime numbness of the fingers, positive Flick sign, positive Phalen's and carpal compression test. Overall, the patient has signs and symptoms of right carpal tunnel syndrome that is supported by EDS and has failed recommended conservative management of splinting, medical management and steroid injection into the carpal tunnel. From page 270, ACOEM, Chapter 11, "Surgical decompression of the median nerve usually relieves CTS symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically

confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Mild CTS with normal electrodiagnostic studies (EDS) exists, but moderate or severe CTS with normal EDS is very rare." Further from page 272, Table 11-7, injection of corticosteroids into to the carpal tunnel is recommended in mild to moderate cases of carpal tunnel syndrome after trial of splinting and medication. Therefore, right carpal tunnel release should be considered medically necessary. The UR stated that EDS were normal. However, the EDS from 4/16/15 support that a mild carpal tunnel syndrome exists. In addition, the patient had confirmatory signs and symptoms of right carpal tunnel syndrome as documented on 8/12/15.