

Case Number:	CM15-0188898		
Date Assigned:	09/30/2015	Date of Injury:	11/04/2013
Decision Date:	11/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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:

The injured worker is a 56 year old male who sustained an industrial injury on November 04, 2103. There is note of the worker receiving an injection July 24, 2015 and says "so far no improvement." A recent primary treating office visit dated September 09, 2015 reported subjective complaint of "Had persistent increasing pain in thumb with all movements and grasping, " " was doing hand therapy did not help." "Also had hand numbness thumb and hand." He is status post- surgery March 11, 2015 for DeQuervain's tenosynovitis; sutures removed, and he is using thumb brace and advised hand therapy. There is note of previous request from consulting hand surgeon for nerve conduction study, repeat to rule out increasing pain and numbness post-surgery. Of note, prior testing done June 18, 2015 noted with normal findings. The following diagnoses were applied to this visit: tenosynovitis of right radial styloid and right carpal tunnel syndrome; right thumb laceration. The plan of care is with requested recommendation for surgery. A secondary treating visit dated May 15, 2015 reported chief subjective complaint of: "patient presents with follow up routine." Wrist release tendon DeQuervain's, right, March 11, 2015." The plan of care is noted with recommendation to perform repeated nerve conduction study and electrodiagnostic testing also with ulnar nerve. On September 11, 2015 a request was made for surgery, right radial tunnel release, and right DeQuervain's release which was noted non-certified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radial tunnel release and DeQuervain's release: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, and Hand Chapter - DeQuervain's Tenosynovitis.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Radial Nerve Entrapment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The patient is a 56 year old male with recent documentation of possible right radial tunnel syndrome on 8/21/15. He had radial tunnel tenderness with radiation pain to the radial styloid area and pain with resistant supination. Previous electrodiagnostic studies were negative for peripheral nerve entrapment. From the ACOEM, Elbow chapter, the following is stated: 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. Quality studies are not available on surgical treatment for radial nerve entrapment and there is no evidence of its benefits. 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. Based on the available documentation, the patient does not have supportive EDS and has not had 3-6 months of conservative care for this relatively recent diagnosis (from 8/21/15). Therefore, right radial tunnel release should not be considered medically necessary. With respect to DeQuervain's release, the patient had undergone previous release in March of 2015. It does not appear that this surgical intervention provided any improvement or relief from his pain. Even though, he has undergone appropriate conservative management, it is not clear if one could expect any different response from a second surgery. There was some suggestion that the patient had intersection syndrome, which requires a different compartment release. However, the surgeon did not request this release, but a second DeQuervain's release. Therefore, this should not be considered medically necessary.