

<b>Case Number:</b>	CM15-0029256		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 51 year old female, who sustained an industrial injury on 10/11/2013. On 2/17/15, the injured worker submitted an application for IMR for review of Right Radial Tunnel Release, Neuroplasty of Radial Sensory with local Flap Closure, and 12 sessions of post op Physical Therapy. The treating provider has reported the injured worker complained of persistent right radial tunnel syndrome as well as neuritis to the superficial branch radial sensory nerve after right trigger thumb release and right first dorsal extensor compartment release for DeQuervains (10/10/14). The diagnoses have included lumbar strain, right hip contusion, right knee strain, right elbow contusion, right trigger thumb, right wrist DeQuervains tenosynovitis, right radial tunnel syndrome, neuritis to superficial branch of radial nerve. Treatment to date has included physical therapy, status post right trigger thumb release and right first dorsal extensor compartment release for DeQuervains (10/10/14), MRI right shoulder (11/13/13). On 2/6/15 Utilization Review non-certified of Right Radial Tunnel Release, Neuroplasty of Radial Sensory with local Flap Closure, and 12 sessions of post op Physical Therapy. The MTUS and ACOEM Guidelines were cited. Conservative management has included medical management including one for neuropathic pain, splinting, physical therapy, activity modification and steroid injection. Documentation from 1/2/15 implies that EMG and nerve conduction studies will be performed 'Should radial tunnel is not diagnosed from EMG and nerve conduction studies, we will continue with that diagnosis at this point because she could have negative EMG for that.'

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Radial Tunnel Release, Neuroplasty of Radial Sensory with local Flap Closure:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 239, 38, 240. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com/odgtwc/elbow.htm#Surgeryforradicaltunnelsyndrome>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20.

**Decision rationale:** The patient is a 51 year old female who had undergone DeQuervains release in October of 2014 complicated by neuritis of superficial branches of the radial sensory nerve. In addition, she is documented to have radial tunnel syndrome. She has failed comprehensive conservative management including bracing, medical management including a neuropathic one, physical therapy and steroid injection. However, it is unclear if the patient had electrodiagnostic studies performed, although this appeared to be the plan from 1/2/15. From page 20 Chapter 10, Elbow disorders: Radial nerve entrapment, particularly of the posterior interosseous branch of the radial nerve, causes proximal forearm aching and pain that persists despite presumably effective treatment. It is clinically somewhat difficult to distinguish from non-specific forearm and elbow pain, and it is sometimes referred to as "resistant tennis elbow" or "supinator syndrome". A relatively rare condition, radial nerve entrapment is estimated to be approximately 30/100 fold less common than carpal tunnel syndrome. 25. There are multiple sites for potential entrapment. Most commonly, these sites include the extensor carpi radialis brevis origin, fibrous bands overlying the radial head, radial recurrent arterial fan, and the arcade of Frohse at the entrance to the supinator muscle. 26,27A confirmatory electrodiagnostic motor study is helpful, but often difficult to obtain (Insufficient Evidence (I), Recommended). There are no quality studies on which to rely for the treatment of radial neuropathies and there is no evidence of benefits of the following treatment options. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence to support their use, they are recommended: "Use of a wrist splint for periodic daytime use rather than continuous use (Insufficient Evidence (I), Recommended); and "Although not particularly successful for neuropathic pain, utilization of NSAIDs (Insufficient Evidence (I), Recommended). Although it may be difficult to obtain, a confirmatory electrodiagnostic motor study is recommended. This had not been provided. Therefore, radial tunnel release and neuroplasty of the radial sensory nerve should not be considered medically necessary. Neuroplasty of the radial sensory nerve without radial tunnel release may be indicated.

**12 sessions of post op Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.