

Case Number:	CM15-0032652		
Date Assigned:	02/26/2015	Date of Injury:	01/04/2011
Decision Date:	04/13/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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: California

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 45 year old female, who sustained an industrial injury on 1/4/11. She has reported right shoulder popping sensation while stacking frozen meat boxes weighing 30-40 pounds. The diagnoses have included lesion of radial nerve right wrist, right De Quervain's stenosing tenosynovitis and right wrist intersection syndrome. Treatment to date has included medications, diagnostics and splinting. Currently, the injured worker complains of increasing pain in the right proximal forearm and to a lesser extent on the left. The surgery has been denied for a year now and symptoms have continued to worsen. The electromyogram/NCV bilateral median and ulnar wrist and elbow studies dated 8/29/13 was negative. The physical exam revealed moderate radial tunnel tenderness on the right and slight on the left. The provocative maneuvers for radial tunnel syndrome are positive bilaterally. There were no recent diagnostic studies noted. On 2/2/15 Utilization Review non-certified a request for Right radial tunnel release, noting the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right radial tunnel release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Surgery for radial tunnel syndrome.

Decision rationale: CA MTUS/ACOEM is silent on the issue of radial tunnel surgery. Per the ODG, Elbow (Acute and chronic), Surgery for radial tunnel syndrome (lesion of radial nerve), Recommended as an option in simple cases after 3-6 months of conservative care plus positive electrodiagnostic studies and objective evidence of loss of function. Surgical decompression of radial tunnel syndrome (RTS), a relatively rare condition, remains controversial because the results are unpredictable. Surgical decompression may be beneficial for simple RTS, but may be less successful if there are coexisting additional nerve compression syndromes or lateral epicondylitis or if the patient is receiving workers compensation. In this case there is insufficient evidence in the electrodiagnostic studies of 8/29/13 to warrant surgical care. Therefore the determination is for non-certification.