

<b>Case Number:</b>	CM15-0056153		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Minnesota, Florida  
 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 58 year old female who sustained an industrial injury on 01/19/2012. Diagnoses include right radial tunnel syndrome, right basal thumb arthritis both with good previous response to steroid injection but have been present for 3 years. Treatment to date has included diagnostic studies, medications, and injections. A physician progress note dated 03/02/2015 documents the injured worker has pain in the right lateral elbow and forearm pain as well as basal thumb pain that has been present for three years. After receiving steroid injections she had excellent pain relief for several months but notes it has returned and feels worse than before. She rates her pain as 6 out of 10. The pain is stabbing and constant. There is tenderness over the radial tunnel, particularly over the course of the radial nerve proximal to the elbow greater distal to the elbow. There is reproduction of pain with palpation as above as well as pain with resisted forearm supination with elbow extended. The right thumb has tenderness to palpation of the basal joint and grind both of which reproduce her pain. Treatment requested is for right basal thumb surface replacement arthroplasty, and right elbow/forearm radial tunnel decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow/forearm radial tunnel decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California MTUS guidelines indicate 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In this case there is no documentation of EMG and nerve conduction studies. There is no documentation of recent 3-6 months of full compliance in therapy and other conservative care with failure. As such, the request for radial tunnel decompression is not supported by evidence-based guidelines and the medical necessity of the request has not been substantiated and is not medically necessary.

**Right basal thumb surface replacement arthroplasty:** 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:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** With regard to the request for CMC joint arthroplasty of the thumb, California MTUS guidelines indicate surgical considerations for failure to respond to conservative management, including work site modifications, and clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long-term from surgical intervention. The documentation provided indicates x-rays show preservation of the joint space with some narrowing and a large osteophyte or loose body on the ulnar aspect. The results recent of injection treatment are not documented and there is no documentation of a recent comprehensive non-operative treatment program with associated failure. As such, the request for surface arthroplasty of the CMC joint of the thumb is not supported in the medical necessity of the request has not been substantiated and is not medically necessary.