

<b>Case Number:</b>	CM15-0057842		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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:

This 50 year old woman sustained an industrial injury on 12/5/2013. The mechanism of injury is not detailed. Diagnoses include bilateral lateral epicondylitis and right rotator cuff syndrome. Treatment has included oral medications, physical therapy, home exercise program, and surgical intervention. Physician notes on a PR-2 dated 2/25/2015 show complaints of pain to the bilateral upper extremities and left elbow rated 4-7/10. Recommendations include further surgical intervention consisting of a right radial tunnel release, left elbow band as needed, ice pack, heating pad, home exercise program, physical therapy, return to work in three weeks, and follow up in three weeks or sooner if needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right radial tunnel release Qty: 1.00:** 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), Elbow chapter.

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

**Decision rationale:** 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 patient has failed conservative care, including full compliance in therapy. 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. The documentation provided does not indicate a firm diagnosis on the basis of clear clinical evidence, positive electrical studies, or a trial/failure of 3-6 months of conservative care. As such the request for radial tunnel release is not supported, thus this treatment is not medically necessary.