MAXIMUS Federal Services

Case Number:	CM15-0086955		
Date Assigned:	05/11/2015	Date of Injury:	02/02/2014
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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 40 year old female, who sustained an industrial injury on 02/02/2014. On provider visit dated 03/16/2015 the injured worker has reported right elbow pain. On examination the right upper extremity revealed active of motion, tenderness to touch at right radial tunnel, mild lateral epicondyle and right medial epicondyle. Pain was noted with palm down lifting, not with palm up lifting, pain at radial tunnel on Cozens's (wrist extension against resistance). Right elbow was stable and non-tender on valgus, varus, and posterolateral supination drawer testing. The diagnoses have included right lateral epicondylitis, right radial tunnel syndrome , right proximal forearm nonspecific myalgia and right elbow partial lateral ulnar collateral ligament origin tear/sprain. Treatment to date has included medication, brace, therapy and injections. The provider requested Right Radial Tunnel Decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Radial Tunnel Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker is a 40-year-old right-hand-dominant female. She reported onset of right elbow pain in February 2014 related to repetitive slicing of vegetables. A corticosteroid injection was given into the lateral epicondyle in April 2014 which helped for 2 days. She received physical therapy which made it worse. A right elbow MRI scan of 8/14/2014 was unofficially reported to show a high-grade partial tear of the undersurface and interstitial disruption of the common extensor origin, reactive bone marrow edema in the adjacent lateral margin of the capitellum, thickening of the humeral ligament attachment of the radial collateral ligament with sprain/scarring. Another course of therapy was prescribed on 1/12/2015. On 3/11/2015, she finished 6 visits and reported no real change. On examination there was tenderness to palpation over the right radial tunnel and mild at the lateral epicondyle. Proximal mobile wad was also tender to a lesser degree. She was also tender to palpation over the right medial epicondyle. The documentation provided does not include the official MRI report. Electrodiagnostic studies have not been submitted. Utilization review certified a request for right lateral epicondylitis debridement and repair but noncertified the request for a right radial tunnel decompression. There was a lack of documentation stating the rationale for the medical necessity of a radial tunnel decompression. This is appealed to an independent medical review. 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 the clinical findings should be present. In addition, objective evidence of loss of function and at least 3-6 months of conservative care needs to be documented. In this case, electrodiagnostic studies are not available. In the absence of clear clinical evidence and positive electrical studies that correlate with clinical findings, the request for a radial tunnel decompression is not supported by guidelines. As such, the medical necessity of the request has not been substantiated.