

Case Number:	CM15-0113389		
Date Assigned:	06/19/2015	Date of Injury:	12/28/2012
Decision Date:	08/11/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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 54 year old female, who sustained an industrial injury on 12/28/2012. She has reported injury to the right elbow and right forearm. The diagnoses have included recalcitrant right elbow pain; forearm dorsal extensor tendinitis; lesion of radial tunnel; probable right radial tunnel syndrome; and status post right lateral epicondylar release, in 12/2013. Treatment to date has included medications, diagnostics, bracing, injections, physical therapy, home exercise program, and surgical intervention. Medications have included Ultram and Naprosyn. A progress report from the treating physician, dated 05/01/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of still having pain in her proximal radial forearm; soreness; the Ultram seems to help her; and she would like to re-request for surgery. Objective findings included the range of motion of the right elbow is very reasonable; she has some soreness over the lateral epicondyle; mild soreness with wrist extension, however, it is more of a problem with long finger extension; soreness over the radial tunnel, which is where she has a point of maximal soreness; and she has discomfort that extends into the dorsum of her radial hand. The treatment plan has included the request for right radial tunnel release.

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: Elbow Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20. Decision based on Non-MTUS Citation Nerve Entrapment: Update. ang, David T.; Barbour, John R.; Davidge, Kristen M.; Yee, Andrew; Mackinnon, Susan E.. Plastic & Reconstructive Surgery. 135(1): 199e-215e, January 2015.

Decision rationale: The patient is a 54 year old female with signs and symptoms of a possible radial tunnel syndrome that has failed conservative management of injections, medical management, activity modification, splinting and physical therapy. In addition, she is noted to have failed treatment of lateral epicondylitis. She is not noted to have evidence of intrinsic wasting to suggest a severe condition. Electro diagnostic studies had not been performed. Although radial tunnel syndrome may be a diagnosis of exclusion and EDS may not be supportive, it is still recommended based on the ACOEM guidelines as documented below. Additionally, from the reference, Tang et. al. discuss the usefulness of nerve conduction studies and electromyography. Nerve conduction studies provide useful information regarding sensory and motor nerve latency, amplitude, and conduction velocity, which are features important in nerve entrapment syndromes. Electromyography is typically used to identify significant features of noncompression nerve injury, including insertional activity, fibrillation potentials, and motor unit potentials. However, electromyography can be useful in compression neuropathies, where it can demonstrate a particular distribution of abnormality and in severe compression neuropathy with axonal injury. Examples include differentiating between lesions of the proximal median nerve versus anterior interosseous nerve, proximal radial nerve versus posterior interosseous nerve, and sciatic nerve versus S1 lesions. The requesting surgeon had previously stated that EDS may be performed, if it is required. However, there is no documentation that this had been performed. Therefore, right radial tunnel release is not medically necessary.