

Case Number:	CM15-0128957		
Date Assigned:	07/15/2015	Date of Injury:	09/19/2014
Decision Date:	08/10/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, Oregon
 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 28 year old female, who sustained an industrial injury on 09/19/2014. She has reported injury to the right wrist. The diagnoses have included right wrist sprain; right forearm muscle strain; right carpal tunnel syndrome; De Quervain's tenosynovitis; and status post right carpal tunnel release, on 03/11/2015. Treatment to date has included medications, diagnostics, ice/heat, bracing, splinting, injection, surgical intervention, physical therapy, and home exercise. Medications have included Norco, Tylenol, Flexeril, Celebrex, Voltaren Gel, Robaxin, and Zantac. A progress note from the treating physician, dated 06/10/2015, documented a follow-up visit with the injured worker. The injured worker reported doing better with her carpal tunnel syndrome; the numbness and tingling is gone; she has pain at the radial forearm that radiates to the dorsal radial wrist area; it bothers her very much; and the cortisone injection for her DeQuervain's tenosynovitis released some pain for a very short period of time. Objective findings included the carpal tunnel incision is healed well; she is also diagnosed with right DeQuervain's tenosynovitis; the right wrist radial styloid has mild tenderness with positive Finkelstein test; the radial tunnel area has tenderness and pain radiates to the wrist; and she needs the radial tunnel to be released also. The treatment plan has included the request for right radial tunnel release quantity: 1.

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: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow.

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 no evidence by electrodiagnostic studies to warrant surgical care. Therefore the request is not medically necessary.