

Case Number:	CM15-0178059		
Date Assigned:	09/18/2015	Date of Injury:	06/20/2014
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/10/2015

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, Oregon, Washington
 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 57 year old female, who sustained an industrial injury on 6-20-14. She reported right thumb and lateral epicondyle pain. The injured worker was diagnosed as having right lateral epicondylitis, right thumb pain, and myofascial pain syndrome. Treatment to date has included right epicondyle injections, hand therapy, and medication. Currently, the injured worker complains of right wrist pain, right lateral epicondyle tenderness and right thumb pain. On 8-5-15, the treating physician requested authorization for right elbow radial nerve posterior interosseous nerve decompression and right thumb MP joint ulnar collateral ligament repair. On 8-18-15, the requests were non-certified. Regarding right elbow radial nerve posterior interosseous nerve decompression, the utilization review (UR) physician noted "the surgeon's note that recommends nerve release surgery does not acknowledge the results of electrodiagnostic testing so the diagnosis is not clear and the medical necessity for radial nerve posterior interosseous nerve release in the dorsal right forearm and elbow region is not clearly established." Regarding right thumb MP joint ulnar collateral ligament repair, the UR physician noted, "it is not clear that a repair or reconstruction of the ulnar collateral ligament would reasonably be expected to relieve the individual's right thumb symptoms and therefore the medical necessity for the procedure is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow radial nerve-posterior interosseous nerve decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics, Online - Chronic Game Keepers: management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute and chronic), Surgery for radial tunnel syndrome.

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 is insufficient evidence in the records of failure of 3-6 months of conservative care and evidence by electrodiagnostic studies to warrant surgical care. Therefore, the request is not medically necessary.

Right thumb MP joint ulnar collateral ligament repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook of Orthopaedics, Online - Chronic Game Keepers: management.

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

Decision rationale: Per ODG: Criteria for surgical treatment of ulnar collateral ligament injury at the thumb: Tears of the UCL with more than 3 mm of displacement; OR Stener lesion (interposition of the adductor aponeurosis), after 1 month of conservative therapy. In this case, the provided medical records do not demonstrate that the above criteria have been met. Therefore, the request is not medically necessary.