

<b>Case Number:</b>	CM15-0074029		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 39 year old female with neck, bilateral shoulder and bilateral upper extremity symptoms attributed to the cumulative effects of data entry between July 1, 2004 and March 1, 2011. The injured worker was diagnosed as having left radial tunnel syndrome, bilateral forearm tendinitis, trapezial and parascapular strain and status post radial tunnel release. Treatment and diagnostic studies to date have included medication, right wrist surgery and therapy. A progress note dated March 19, 2015 provides the injured worker complains of left elbow pain radiating to wrist and hand. She reports therapy has much improved her pain and numbness in the right wrist and hand. Physical exam notes tenderness of the wrists with positive radial tunnel syndrome on the left. The plan is for continued therapy of right wrist and left radial tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left radial tunnel release x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

**Decision rationale:** The California MTUS notes that radial nerve decompression surgery has not been shown to be beneficial and that surgery for radial nerve entrapment requires establishing a firm diagnosis with positive correlating electrical studies. In this case, March 12, 2014 electrodiagnostic testing of both upper extremities found that the radial nerve function was normal. That is, the objective evidence is that there is no radial neuropathy and radial tunnel syndrome does not exist. Therefore, radial nerve decompression surgery is not medically necessary.