

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/5/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/16/2013
Date of Injury:	1/4/2011
IMR Application Received:	8/9/2013
MAXIMUS Case Number:	CM13-0009230

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right radial tunnel release is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/9/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right radial tunnel release is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This 43 year old right-hand dominant female cook sustained an original work related injury on 1/4/11 while carrying and stocking boxes weighing 20 to 30 pounds, and was diagnosed with a right shoulder and cardiothoracic strain. She was released back to work on light duty, which entailed repetitively making hamburgers, and led to the development of pain in her right wrist radiating up into the elbow. The submitted diagnosis for this request was chronic right radial tunnel syndrome.

Diagnostic testing has included an MRI of the right shoulder on 4/4/12 which showed no full thickness rotator cuff tear or significant partial thickness tear. There were changes of tendinosis noted to involve the supraspinatus greater than infraspinatus tendon distally. The presence of edema about superior cuff peritenon suggested acute tendinitis may exist. There was no labral pathology. Hypertrophic degenerative changes of the acromioclavicular joint were noted. Per [REDACTED] Agreed Medical Examination of 4/29/13, diagnostic testing has also included a cervical MRI on 11/19/12 which revealed no prominent disc bulge, central canal stenosis, or neural foraminal stenosis. Electrodiagnostic test results were not submitted.

Conservative care has included activity modification, wrist splinting, physical therapy, anti-inflammatory medications, narcotic analgesics, and also Topamax for neuropathic pain secondary to cervical strain.

The most recent objective measurements of the right upper extremity were documented in the Agreed Medical Examination on 4/29/13 by [REDACTED] (Orthopedic Surgery): Grip strength (Jamar Dynamometer) was: right 10, 10, 10 and left 20, 20, 20. Strength in biceps, triceps, wrist extensors, wrist flexors, and hand intrinsic were 5/5 bilaterally. Sensation was intact to bilateral upper extremities. Upper extremity reflexes were 1+ bilaterally. Right wrist range of motion was full in dorsiflexion, palmar flexion, as well as radial and ulnar deviation with mild pain at the limits of her range. Finkelstein's test was

positive on the right. [REDACTED] diagnoses after the complete examination included cervical, thoracic, and right shoulder strain, cervical and thoracic spondylosis, right shoulder impingement syndrome, right medial and lateral epicondylitis, right de Quervain's stenosing tenosynovitis, right shoulder supraspinatus and infraspinatus tendinosis, and possible right radial tunnel syndrome.

On the 8/14/13 visit with [REDACTED] (Ortho/Hand Surgery), [REDACTED] noted that the right radial tunnel release was denied because the electrodiagnostic studies were negative, and that electrodiagnostic studies are negative in 90 percent of the time in radial tunnel syndrome. The employee continued to complain of pain in the right radial forearm radiating down to the dorsal wrist and hand. On examination, there was mild decreased range of motion in the cervical spine with some pain, and slight trapezial and paracervical tenderness. The impingement sign was equivocal at the right shoulder. There was moderate radial tunnel tenderness on the right, and mild radial tunnel tenderness on the left. The provocative maneuvers for radial tunnel syndrome were positive on the right. Grip strength was diminished. The impressions were chronic right radial tunnel syndrome, cervical strain/sprain, trapezial, paracervical, and parascapular strain, right forearm tendonitis, and left radial tunnel syndrome (compensable consequence injury). Regarding the plan of care, [REDACTED] noted that she continued to require right radial tunnel release. She was to obtain an MRI of the cervical spine as recommended by the Qualified Medical Evaluator. She was on work restrictions with no heavy, repetitive, or forceful use of the right hand.

On the 9/25/13 visit with [REDACTED], the employee complained of pain in the right forearm radiating up to the shoulder and down to the dorsal wrist and hand. The physical examination was unchanged from the prior exam. The plan of care was unchanged, and [REDACTED] noted that electrodiagnostic studies were not positive in this condition.

The employee was determined to be permanent and stationary by [REDACTED] (Ortho/Hand Surgery) on 6/27/11, with the diagnoses of right intersection syndrome, right de Quervain's stenosing tenosynovitis, right carpometacarpal boss, right shoulder impingement, and resolved right elbow pain, and felt to require future medical care. Her employer was not able to accommodate her permanent work restrictions, and she had been off work since July 2011.

Utilization Review on 7/16/13 by [REDACTED] (Orthopedic Surgery) recommended non-certification of the right radial tunnel release, as the submitted electrodiagnostic studies of the right upper extremity were not positive for radial tunnel syndrome. Also, there was no provision of such treatment under the recent Agreed Medical Examination report to warrant the need for such request. Given this information, the medical necessity of the proposed intervention was not evident.

The physician has requested authorization for a right radial tunnel release.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for right radial tunnel release :**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM), Chapter 10 (revised 2007), pages 34-35, which is part of MTUS, and the Official Disability Guidelines, (ODG), Elbow Procedure Summary, which is not part of MTUS.

The Expert Reviewer based his/her decision on the Elbow Disorders Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (Revised 2007), Chapter 10), Radial Nerve Entrapment (including Radial Tunnel Syndrome), page 26, which is part of MTUS, and the Official Disability Guidelines (ODG), Elbow Chapter, Surgery for radial tunnel syndrome (lesion of radial nerve), which is not part of MTUS.

##### Rationale for the Decision:

MTUS/ACOEM Guidelines indicate that radial tunnel syndrome is 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 worker's compensation. According to the medical records provided for review, there is no documentation of a diagnostic block. The employee has tenderness over the radial tunnel. This is a controversial diagnosis. The employee has been determined to be permanent and stationary by the Doctor. At that time, the employee had multiple diagnoses including intersection syndrome and deQuervain's. **The request for right radial tunnel release is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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