

<b>Case Number:</b>	CM13-0002164		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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, Connecticut, and Pennsylvania. 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 physician 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/services.

### 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 patient is a 36-year-old female who was injured in a work related accident on 04/25/11 sustaining an injury to the right elbow. The clinical records specific to the claimant's right elbow indicate a 05/28/13 assessment where the claimant was with right elbow pain and hand numbness describing paresthesias to the fourth and fifth digits. Physical examination at that date showed tenderness over the medial epicondyle with diminished sensation to the fourth and fifth digit. Formal report of electrodiagnostic studies are not available for review, but it is stated that the claimant is with mild right ulnar nerve entrapment at the elbow for a current diagnosis of ulnar neuritis. Records indicate treatment to date has included home exercises, medication management and therapy. At present, there is a request for an anterior transposition of the ulnar nerve to the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior transposition of ulnar nerve on the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the surgical process would not be indicated. California ACOEM Guidelines indicate that surgical process for ulnar nerve entrapment includes three to six months of conservative care as well as establishing a firm diagnosis with positive electrodiagnostic studies. It does not comment on transposition. When looking at Official Disability Guidelines criteria, transposition is only indicated in situations where the ulnar nerve is noted to sublunate with range of motion of the elbow. Records in this case fail to demonstrate six months of formal conservative measures in regard to the claimant's diagnosis. It also fails to support physical examination findings that demonstrate subluxation at the ulnar nerve with motion of the elbow. This specific clinical request, thus based on the records for review, would not be indicated

**Tylenol No. 4, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use Page(s): s 76-80.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of Tylenol #4, a narcotic analgesic, in this case would not be indicated. Documentation does not demonstrate significant benefit with the use of the agent, nor does the clinical records support the need of an operative process for which a narcotic analgesic would be indicated for postoperative use. Based on the clinical records available for review, the support for medication in question would not be indicated.