

<b>Case Number:</b>	CM13-0016377		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who has submitted a claim for ulnar nerve lesion, fracture of carpal bone, and other wrist sprain and strain associated with an industrial injury date of March 14, 2008. The patient has undergone wrist arthroscopy with resection of an ununited ulnar styloid fragment on February 9, 2011. Currently, the patient complains of tingling and numbness on the dorsal aspect of the hand into the dorsal aspect of her ring and small ring fingers. This was accompanied by hypersensitivity with any contact over the dorsum of the hand, along the course of the dorsal sensory branch. Her pain level was rated 3-4/10 at worst. Physical examination of the right upper extremity showed tenderness and hypersensitivity over the dorsal aspect of the wrist, limitation of motion of the wrist, positive Tinel's over the dorsal sensory branch, and decreased grip strength. Repeat nerve testing was performed on May 17, 2013, which revealed delay along the dorsal sensory branch of the ulnar nerve at the wrist. The impression was right wrist ulnar styloid non-union, status post excision. Orthopedic reevaluation was done on October 7, 2013. The previously suggested that ulnar nerve transposition was not indicated at that time. A trial of cortisone injection along the course of the dorsal sensory branch was recommended instead. Treatment to date has included oral analgesics, wrist surgery and elbow splinting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT ULNAR NERVE TRANSPOSITION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES. SECOND EDITION , ULNAR NERVE ENTRAPMENT , 603-606

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Elbow Chapter, Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

**Decision rationale:** The California MTUS/ACOEM guidelines do not address this topic, so the Official Disability Guidelines (ODG) were used instead. The ODG states that surgical transposition of the ulnar nerve is not recommended unless the ulnar nerve subluxes on range of motion of the elbow. In this case, a right ulnar nerve transposition at the elbow was requested. However, there was no demonstration of ulnar nerve subluxation at the elbow based on the documents submitted. Also, repeat nerve testing performed on May 17, 2013 revealed ulnar nerve pathology at the wrist but not at the elbow. There is no indication for the requested procedure at this time based on the guideline. As such, the request is not medically necessary.