

<b>Case Number:</b>	CM13-0027481		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. 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. 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 thirty four year old female who was injured on 03/07/12. Documentation of prior electrodiagnostic studies to the lower extremity upper extremities performed on 03/27/13 were noted to be normal. The documentation states that the study was performed for a diagnosis of left hand numbness. Prior treatment in this case included a 09/07/12 operative report to the left hand stating the claimant underwent a left carpal tunnel release procedure. Most recent clinical follow up of 06/07/13 with [REDACTED], with complaints of left elbow tenderness and exam findings with a positive Tinel's sign. He was diagnosed with left cubital tunnel syndrome. In the absence of documentation of conservative care, surgery is being recommended in the form of left cubital tunnel release with need for preoperative medical clearance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cubital tunnel release and medical clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Section: Independent Medical Examinations and Consultations, page 127

**Decision rationale:** Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the role of surgical process in this case would not be supported. Guideline criteria indicates that ulnar nerve entrapment requires establishing a firm diagnosis based on both clinical findings and electrodiagnostic studies. Electrodiagnostic studies in this case are negative. Guideline criteria for surgery also includes three to six months of conservative care to include splinting, activity restrictions, and modified activities to avoid nerve irritation. These are also not documented. The specific request for the ulnar nerve release or cubital tunnel release would not be supported. The role of medical clearance also would not be indicated as stated above the need for operative intervention has not yet been established.