

<b>Case Number:</b>	CM13-0042010		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania, Connecticut, and Texas. 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:

This patient is a 38 year-old gentleman injured in a work-related accident on April 25, 2011. Clinical records indicate injury to the bilateral upper extremities. Recent clinical assessment for review of September 13, 2013 indicated ongoing bilateral upper extremity complaints. It states the claimant is status post a prior left ulnar nerve decompression that was noted to be "without success." The current complaints are that of left elbow pain with radiating pain to the digits. There is numbness and tingling to the hand to all digits compared to the right side. Physical examination findings showed full range of motion about the elbow with moderate medial epicondyle tenderness and previous medial scarring. There was a positive Tinel's test at the ulnar nerve at the elbow as well as a positive Tinel's sign over the antecubital fossa. Examination to the wrist was not provided. The claimant was noted to be with "ultrasound confirmed recurrent left cubital tunnel syndrome with positive clinical findings." A previous review of nerve conduction tests from January 10, 2013 to the bilateral upper extremities showed no clinical evidence of carpal tunnel syndrome bilaterally with no compression at the cubital tunnel noted as well. At present, there is a request for a surgical process to include a left carpal tunnel release and a revision left cubital tunnel release with submuscular transposition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT CARPAL TUNNEL RELEASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** California ACOEM guidelines would not support the role of a carpal tunnel release procedure. CA MTUS states, "Surgery should usually be delayed until a definitive diagnosis of CTS is made by history, physical examination, and possibly electrodiagnostic studies." The claimant is with negative electrodiagnostic studies and a clinical presentation that does not support physical examination findings consistent with carpal tunnel syndrome. The absence of the above would fail to clinically correlate to the need for operative process based on guideline criteria and therefore, the request is not certified.

**REVISION CUBITAL TUNNEL RELEASE WITH SUBMUSCULAR TRANSPOSITION:** 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): 37. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW PROCEDURE

**Decision rationale:** California ACOEM guidelines, supported by Official Disability Guidelines would not support an ulnar nerve transposition. CA MTUS states, "Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings." The clinical records at present do not indicate positive electrodiagnostic studies. The treating physician indicates this diagnosis has been made by ultrasound interpretation. At present, ultrasound interpretation of the diagnosis of cubital tunnel syndrome is not supported as pertinent diagnostic criteria for role of surgical procedure per guidelines. There would also be no indication for the role of the above surgery based on lack of recent conservative measures that have been utilized and failure to firmly confirm the diagnosis based on electrodiagnostic testing particularly in a setting where previous surgery has occurred, therefore, the request is not certified.