

<b>Case Number:</b>	CM13-0042075		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 claimant is a 47-year-old female who sustained an injury to the right upper extremity on July 20, 2012. Specific to the claimant's elbow, medical records revealed a recent progress report of June 10, 2013 stating the claimant's electrodiagnostic studies are positive for ulnar neuropathy consistent with cubital tunnel syndrome and that treatment included prior usage of medications. A follow up progress report of July 15, 2013 documented objective findings of 4/5 grip strength bilaterally and tingling and numbness with Tinel's testing bilaterally at the cubital tunnel. Based on failed conservative care and the claimant's electrodiagnostic study findings, surgical release of the cubital tunnel was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Situ Ulnar Release for the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines Carpal Tunnel Syndrome (Acute & Chronic) Carpal tunnel release surgery (CTR) Elbow (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**Decision rationale:** Based on California ACOEM 2007 Guidelines, surgical release of the cubital tunnel would not be recommended. California ACOEM 2007 Guidelines recommend at least six months of conservative care consisting of multiple therapeutic endeavors including splinting, physical therapy, work station changes and medications prior to proceeding with intervention. The documentation does not provide a specific course of treatment over the past six months. The specific surgical request in question would not be indicated at present.