

<b>Case Number:</b>	CM13-0043010		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 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 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 46-year-old female who reported a work related injury on 03/28/2012, specific mechanism of injury not stated. The electrodiagnostic study of the bilateral upper extremities report dated 06/18/2013 performed by [REDACTED] revealed median nerve pathology at the bilateral wrists, right greater than left, sensory and motor fibers as well as myelin and axons were affected. The provider documented the patient was status post bilateral carpal tunnel surgery for decompression of median nerves. Otherwise, without evidence for entrapment causing damage to upper extremity nerves, namely suprascapular nerves, median nerves, ulnar nerves, or radial nerves; in addition, brachial plexus axons of motor fibers of C4 through T1 and no indication of peripheral neuropathy or myopathy. The clinical note dated 11/15/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient is seen in clinic for the following diagnoses, status post bilateral carpal tunnel release, status post right ulnar nerve transposition, cervical myoligamentous sprain/strain, impingement syndrome of the left shoulder, cubital tunnel versus medial epicondylitis of the left elbow. The provider documented examination of the left elbow revealed the patient has tenderness about the left elbow. The provider documents a positive Tinel's sign as well as tenderness over the medial epicondyle with good range of motion noted. The provider documented recommendation was for the patient to undergo a left ulnar nerve transposition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Left elbow subcutaneous ulnar nerve 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): 239-240.

**Decision rationale:** The current request is not supported. California MTUS/ACOEM indicates, there must be clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnoses on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Electrodiagnostic studies performed most recently in 06/2013 fail to evidence objective findings of ulnar neuropathy to support the requested operative procedure. Therefore, given the above, the request for left elbow subcutaneous ulnar nerve transposition is not medically necessary or appropriate.