

<b>Case Number:</b>	CM13-0061315		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 with a date of injury of April 1, 2011. She is status post a previous right ulnar nerve submuscular transposition performed on April 9, 2012. There has been concern over ongoing ulnar nerve complaints. The primary treating physician's progress report (PR-2) reports from [REDACTED] office were reviewed. These are handwritten and difficult to read. The November 22, 2013 PR-2 report appears to document objective findings of a Tinel's overlying the course of the ulnar nerve and a positive elbow flexion test. The September 25, 2013 PR-2 report documents ongoing subjective complaints of tingling and right elbow pain radiating to the ring and small fingers. A repeat EMG/nerve conduction study was performed of the claimant's right upper extremity on February 20, 2013. This demonstrated only mild right carpal tunnel syndrome. The right ulnar motor nerve was within normal limits due to ongoing symptoms which [REDACTED] felt were referable to the ulnar nerve at the right elbow. A revision right ulnar nerve submuscular transposition with nerve wrap was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT REVISION SUBMUSCULAR TRANSPOSITION WITH NERVE WRAP:** Upheld

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

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

**Decision rationale:** California MTUS ACOEM 2007 Elbow Guidelines support surgery for cubital tunnel syndrome if patients have clear convincing evidence of cubital tunnel syndrome, positive electrodiagnostic studies, and fail three to six months of conservative treatment. The records provided document conservative treatment. There is insufficient evidence of an ulnar nerve lesion with normal electrodiagnostic studies. With absent positive electrical findings, revision ulnar nerve surgery in the form of revision submuscular transposition with nerve wrap cannot be certified in this case.

**PRE-OPERATIVE MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter: Pre-Operative Clearance.

**Decision rationale:** As surgery is not considered medically necessary or appropriate, the requested preoperative medical clearance is not considered medically necessary or appropriate.