

<b>Case Number:</b>	CM13-0067095		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Occupational Medicine 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 an employee of [REDACTED] and has submitted a claim for carpal tunnel syndrome, ulnar nerve entrapment at cubital tunnel, elbow tendonitis and cervical disc bulge with radiculitis associated with an industrial injury date of 04/01/2012. Treatment to date has included physical therapy and medication (Voltaren). The utilization review from 11/25/2013 denied the request for cubital tunnel release, right upper extremity. Reasons for denial were not made available. Medical records from 2011 to 2013 were reviewed showing that patient complained of intermittent pain graded 8/10 in the right elbow and pain in the right forearm described as pins and needles associated with numbness. There was also occasional pain the right region of the neck graded 6/10 aggravated upon rotation and lateral bending on both sides. Physical examination showed tenderness at right pronator, carpal tunnel, lateral and medial epicondyles, as well as right lateral deltoid, supraspinatus, and intertubercular groove of the shoulder. Range of motion of cervical spine showed limitation towards flexion at 30 degrees, extension at 30 degrees, left lateral flexion at 20 degrees, right lateral flexion at 25 degrees, left rotation at 40 degrees, and right rotation at 50 degrees. Range of motion of right elbow towards all planes was within normal limits. Special tests showed positive Speed's, Yergason's, Finkelstein, and Mill's tests. Deep tendon reflexes were equal and symmetric. MRI of the cervical spine, dated 05/07/2013, revealed multilevel (C4-C5, C5-C6, and C6-C7) broad based posterior disc herniation that measures 2.0 mm in neutral position, flexion and extension which causes bilateral neural foraminal stenosis and spinal canal stenosis. EMG/NCV, dated 12/05/2011, revealed borderline left carpal tunnel syndrome, and right ulnar motor neuropathy, C6-C8 paraspinal muscle irritation. A repeat EMG performed on 05/02/2013 revealed similar findings.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CUBITAL TUNNEL RELEASE, RIGHT UPPER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

**Decision rationale:** The California MTUS ACOEM criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. In this case, patient has been complaining of chronic right elbow pain graded 8/10 described as pins and needles sensation associated with numbness. Physical examination showed tenderness at right elbow. A progress report written on 11/07/2013, cited that patient is considered a surgical candidate per the QME report. EMG/NCV, dated 05/02/2013, revealed right cubital entrapment, and right C5-C6 cervical radiculopathy. The patient also underwent physical therapy, however, the exact number of visits is unclear because the physical therapy progress notes submitted only showed treatment for left shoulder tendinitis. It is unclear if the patient failed conservative treatment of right elbow due to lack of documentation. Therefore, the request for cubital tunnel release, right upper extremity is not medically necessary.