

<b>Case Number:</b>	CM14-0103268		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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 33-year-old claimant reports ongoing right elbow pain with snapping. Clinically, the right elbow shows subluxation of the ulnar nerve anteriorly with elbow flexion. Tinel's sign in the cubital tunnel is positive. There is decreased sensation to light touch in the ulnar nerve distribution of the right hand. The claimant has had elbow brace with no improvement. Nerve conduction testing on 2/12/13 did not show cubital tunnel syndrome. MRI of the right elbow without contrast dated 12/10/13 reveals normal findings. She underwent right cubital tunnel release on 6/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow cubital tunnel release possible anterior subcutaneous transposition of ulnar nerve under general anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Procedure Summary last updated 02/14/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

**Decision rationale:** The patient had a subluxing ulnar nerve. According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping." The patient's nerve conduction tests were negative. Therefore, the ACOEM guidelines are not met and the request is not medically necessary.

**Pre-Operative Medical Clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.