

<b>Case Number:</b>	CM14-0010228		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 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 injured worker is a 43-year-old female who reported an injury on 04/17/2011. The mechanism of injury was not provided for review. The injured worker's treatment history included cubital tunnel release with anterior subcutaneous transposition of the ulnar nerve and a small right finger trigger release. The injured worker was treated postsurgically with multmeds, physical therapy, and injections. The injured worker was evaluated on 09/18/2013. It was documented that the injured worker had persistent pain complaints and numbness of the right elbow. Physical findings included tenderness to palpation over the ulnar nerve and medial aspect of the right elbow with tenderness to palpation over the A1 pulley of the small finger with no evidence of triggering. At that time, it was recommended that the injured worker continue to be treated conservatively. However, consideration of surgical intervention was recommended. The injured worker was evaluated on 12/09/2013. It was documented that the injured worker had had continued pain complaints that were not improving with nonoperative treatments. It was documented that the injured worker had tenderness to palpation over the elbow with a positive Tinel's sign of the ulnar nerve, and significant tenderness to palpation of the ulnar nerve. A request was made for revision of the right ulnar nerve neurolysis with submuscular transposition of the nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION OF THE RIGHT ULNAR NERVE NEUROLYSIS WITH SUB-MUSCULAR TRANSPOSITION OF THE NERVE: 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): 44-49.

**Decision rationale:** The ACOEM Guidelines recommends surgical consultations for patients who have significant limitations and have failed to improve with conservative treatments and clear electrophysiological or imaging to support the need for surgical intervention. The clinical documentation submitted for review does indicate that the injured worker has physical findings consistent with right ulnar nerve compression. It is documented that the injured worker has failed to respond to several nonoperative treatment modalities. However, there is no electrophysiological or imaging evidence of a lesion that would benefit from surgical repair. In the absence of this information, the appropriateness of surgical intervention cannot be determined. As such, the requested revision of the right ulnar nerve neurolysis with submuscular transposition of the nerve is not medically necessary and appropriate.