

<b>Case Number:</b>	CM14-0017357		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 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 claimant is a 59-year-old female who was injured on 08/11/05. A recent assessment on 01/13/14 indicated continued complaints of numbness and tingling to the ulnar two (2) digits of the hand. It states that recent treatment with a Medrol Dosepak has not improved the symptoms. A physical examination showed pain about the lateral epicondyle of the left elbow, with a positive Tinel sign at the ulnar nerve at the elbow with intact sensory and motor examination otherwise. The claimant's diagnosis was that of left cubital tunnel syndrome. Surgical authorization for an ulnar nerve decompression at the elbow with a medial epicondylectomy was recommended for further intervention. Electrodiagnostic studies from 05/21/13 did show evidence of moderate compression at the right carpal tunnel and bilateral compression of the ulnar nerves at the elbow consistent with cubital tunnel diagnosis. There is a specific request for surgery to include decompression of the left elbow with a medial epicondylectomy with twelve (12) sessions of postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DECOMPRESSION LEFT ELBOW WITH MEDIAL EPICONDYLECTOMY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ELBOW CHAPTER

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that surgery for medial epicondylalgia should only be a consideration for those patients who fail to improve after a minimum of six (6) months of care that includes at least three to four (3-4) different types of conservative treatment. The guidelines also indicate that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. Based on the guidelines, while cubital tunnel syndrome diagnosis is supported in this case, the individual is with no indication of history of medial epicondylar findings or subsequent treatment to support the role of a medial epicondylar release. The request for an ulnar nerve decompression and medial epicondylectomy does not meet guideline recommendation.

**POST-OPERATIVE OCCUPATIONAL THERAPY 3 X WEEK FOR 4 WEEKS:** 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.