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| <b>Case Number:</b>   | CM14-0017660 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 01/31/2009 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 02/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/12/2014 |

### 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 38-year-old gentleman who was injured on January 31, 2009 injuring the bilateral upper extremities. A September 19, 2013 follow-up gave the claimant the diagnosis of left ulnar neuropathy at the elbow and mild symptoms at the wrist. Physical examination findings on that date demonstrated "no swelling". He recommended work restrictions with no other course of treatment documented. Previous electrodiagnostic studies reviewed from August 24, 2010 showed the left upper extremity to be "within normal limits". A repeat electrodiagnostic study of March 14, 2013 showed a moderate left ulnar neuropathy at the elbow and a mild neuropathy at the wrist. Further objective findings in regards to the claimant's left upper extremity were not noted. A surgical process to include decompression at the elbow and the wrist of the ulnar nerve was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ULNAR DECOMPRESSION OF ELBOW AND WRIST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, SECTION: Forearm, Wrist, & Hand; American College of Occupational and Environmental Medicine (ACOEM) – Elbow.

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

**Decision rationale:** California ACOEM Guidelines in regards to ulnar nerve decompression would indicate the need for positive physical examination findings that would correlate with electrodiagnostic testing. While the claimant is noted to be with recent electrodiagnostic evidence of ulnar entrapment, there is no documentation of formal physical examination to clinically correlate the claimant's need for surgical process, nor is there documentation of six months of conservative care including multimodal treatment other than work restrictions noted. The specific request in absence of conservative measures and physical examination findings would not be supported. The request for left ulnar decompression of elbow and wrist is not medically necessary.