

<b>Case Number:</b>	CM14-0117868		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/21/1995
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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:

This is a 49-year-old gentleman injured in a work-related accident on 12/21/95. The clinical records available for review include recent clinical assessment dated 4/7/14 indicating injury to the right upper extremity for which he is with a current diagnosis of right ulnar nerve compression at the elbow consistent with cubital tunnel syndrome. It indicates that the claimant has failed conservative care with no formal documentation of orthopedic or neurologic examination provided. It also indicates that he has previously responded well to a left ulnar nerve transposition surgery. Given the claimant's response to previous left-sided procedure, a right-sided ulnar nerve transposition surgery was recommended for further intervention. The previous physical examination dated 2/12/14 described no documentation of right-sided findings as well. There was no formal documentation of electrodiagnostic studies available for review for this individual's right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Ulnar Nerve Transposition- outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM <https://www.acoempracguide.org/Hand & Wrist Table 2 Elbow Disorders>.

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

**Decision rationale:** Based on California ACOEM Guidelines, the role of an ulnar nerve transposition for cubital tunnel syndrome would not be indicated. Guideline criteria for the surgical process would include a firm diagnosis of cubital tunnel syndrome based on both physical examination and electrodiagnostic testing. The individual in this case is with no documentation of electrodiagnostic studies available for review to confirm or refute the working diagnosis in this case. There was also no current indication of examination findings supporting cubital tunnel diagnosis. The request for a Right Elbow Ulnar Nerve Transposition is not medically necessary.