

<b>Case Number:</b>	CM14-0137622		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/01/2006
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Pennsylvania. 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 45-year-old who sustained an injury to the right upper extremity on October 1, 2006. The clinical records provided for review document a current working diagnosis of cubital tunnel syndrome. The report of an electrodiagnostic report in March of 2014 showed mild slowing of the ulnar nerve at the cubital tunnel. The prior electrodiagnostic report dated February 22, 2010 showed no evidence of the diagnosis of cubital tunnel syndrome. The report from a clinical assessment on March 31, 2014 documented that the claimant was undergoing physical therapy and had received carpal tunnel injections with only temporary relief. There was no documentation of other forms of treatment for the claimant's cubital tunnel diagnosis. Examination noted evidence of a positive Tinel's sign and a positive elbow flexion test. The recommendation at that time was for right cubital tunnel release to be performed under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right cubital tunnel release under anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Elbow, Indications for surgery

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

**Decision rationale:** Based on California ACOEM Elbow Update Guidelines, the request for right cubital tunnel release under anesthesia is not recommended as medically necessary. The ACOEM Guidelines recommend that surgery for cubital tunnel syndrome is based on establishing a firm diagnosis by electrodiagnostic testing and correlation with clinical findings. ACOEM Guidelines also recommend that six months of conservative care should be undertaken prior to proceeding with the surgery. While the claimant is noted to have positive evidence of mild cubital tunnel diagnosis on recent electrodiagnostic studies, there is no indication of six months of formal conservative care documented in the medical records. The specific request would not be supported; therefore this request is not medically necessary.

**Post-op therapy sessions x12:** 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:** The request for right cubital tunnel release is not recommended as medically necessary. Therefore, the request for twelve sessions of postoperative physical therapy is also not recommended as medically necessary.

**Post-op splint:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Splinting (padding)

**Decision rationale:** The request for right cubital tunnel release is not recommended as medically necessary. Therefore, the request for postoperative use of a splint is also not recommended as medically necessary.