

<b>Case Number:</b>	CM14-0181657		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

According to the records made available for review, this is a 35-year-old male with a 4/8/12 date of injury. At the time (9/8/14) of request for authorization for right elbow decompression, right elbow possible transposition of ulnar nerve, and right elbow cubital tunnel, there is documentation of subjective (right elbow pain) and objective (positive Tinel's test at elbow, decreased sensation on the right ring finger and long finger, and 4/5 motor test of interosseous) findings. EMG/NCS of the right upper extremity (9/24/12) revealed abnormal NCS (right mild compression of the ulnar nerve at or near the medial condyle by electrodiagnostic criteria). The current diagnosis is cubital tunnel syndrome. The treatment to date includes medications. Regarding right elbow decompression, there is no documentation of failure of additional conservative treatments (exercise, activity modification, and pad/splint for a 3 month trial period); and electrodiagnostic report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Decompression:** 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): 37. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Official Disability Guidelines identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Within the medical information available for review, there is documentation of a diagnosis of cubital tunnel syndrome. In addition, given documentation of objective (positive Tinel's test at elbow), there is documentation of objective findings consistent with ulnar neuropathy. However, despite documentation of failure of conservative treatment (medications), there is no documentation of failure of additional conservative treatments (exercise, activity modification, and pad/splint for a 3 month trial period). In addition, despite documentation of medical report's reported abnormal NCS (right mild compression of the ulnar nerve at or near the medial condyle by electrodiagnostic criteria); there is no documentation of electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for right elbow decompression is not medically necessary.

**Right Elbow possible transposition of ulnar 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): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Official Disability Guidelines identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Within the medical information available for review, there is documentation of a diagnosis of cubital tunnel syndrome. In addition, given documentation of objective (positive Tinel's test at elbow), there is documentation of objective findings consistent with ulnar neuropathy. However, despite documentation of failure of conservative treatment (medications), there is no documentation of failure of additional conservative treatments (exercise, activity modification, and pad/splint for a 3 month trial period). In addition, despite documentation of medical report's reported abnormal NCS (right mild compression of the ulnar nerve at or near the medial condyle by electrodiagnostic criteria), there is no documentation of

electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for right elbow possible transposition of ulnar nerve is not medically necessary.

**Right Elbow Cubital Tunnel:** 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): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Official Disability Guidelines identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV, and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. Within the medical information available for review, there is documentation of a diagnosis of cubital tunnel syndrome. In addition, given documentation of objective (positive Tinel's test at elbow), there is documentation of objective findings consistent with ulnar neuropathy. However, despite documentation of failure of conservative treatment (medications), there is no documentation of failure of additional conservative treatments (exercise, activity modification, and pad/splint for a 3 month trial period). In addition, despite documentation of medical report's reported abnormal NCS (right mild compression of the ulnar nerve at or near the medial condyle by electrodiagnostic criteria), there is no documentation of electrodiagnostic report. Therefore, based on guidelines and a review of the evidence, the request for right elbow cubital tunnel is not medically necessary.