

<b>Case Number:</b>	CM14-0024290		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Surgeon and is licensed to practice in Hawaii, Washington and Maryland. 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 injured worker is a 49-year-old female who reported an injury on 11/19/2011. The mechanism of injury was reported when the injured worker hit her elbow on a box when lifting a box of fruit to another area. The diagnoses included right ulnar neuropathy at the elbow, status post right ulnar nerve release with persistent neuropathic pain, left wrist MP joint osteoarthritis, left De Quervain's tenosynovitis. The previous treatments include medication, occupational therapy, physical therapy, nerve blocks and surgery. Diagnostic testing including an EMG and MRI of the right elbow, which revealed right ulnar neuropathy at the elbow. Within the clinical note dated 09/09/2014, it was reported the injured worker complained of pain rated 7/10 in severity. She described the pain as throbbing, shooting, stabbing, sharp, electrical and numbing and pins and needles. The physical examination revealed the injured worker ambulated with a nonantalgic gait. She had decreased sensation to pinprick on the right upper extremity below the elbow. The upper extremity range of motion was within functional limits. Right upper extremity strength was 5/5 throughout, except at the right elbow, which was 4/5 in flexion and extension. The provider noted the injured worker to have tenderness to palpation in the first MP joint and positive Finkelstein and Eichoff signs. A request was submitted for subcutaneous transposition ulnar nerve right cubital tunnel. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subcutaneous Trasposition Ulnar Nerve Right Cubital Tunnel: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment).

**Decision rationale:** The California MTUS/ACOEM Guidelines note surgical consideration for elbow disorders includes functional impairment and progression and severity of objective findings. Evidence of nerve entrapment that did not respond to nonsurgical treatment, significant limitations of activities for more than 3 months, failed to improve with exercise program to increase range of motion and strength of musculature around the elbow; clear clinical and electrophysiological or imaging evidence of a lesion. Evidence is lacking that any of these surgeries has an advantage over conservative treatment. In addition, the Official Disability Guidelines recommend if all of the following are met: Initial conservative therapy; strengthening of the elbow flexors/extensors; activity modification, recommended decrease in activities of repetition that may exacerbate the patient's symptoms; protect the ulnar nerve from prolonged elbow flexion during sleep; nonsteroidal anti-inflammatories; the utilization of an elbow pad or night splinting for a 3 month trial. The clinical documentation submitted failed to indicate if the injured worker had utilized a night splint for a 3 month trial. There was lack of imaging studies corroborating the diagnosis warranting the medical necessity for the request. Therefore, the request for Subcutaneous Transposition Ulnar Nerve Right Cubital Tunnel is not medically necessary.