

<b>Case Number:</b>	CM14-0029246		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 50-year-old male injured on July 18, 2012 while working as a truck driver at which time he lost his balance while standing on a chassis approximately 5 inches from the ground and fell backwards onto concrete. The claimant suffered a Grade I open left elbow olecranon and coronoid process with radial neck fracture and dislocation. Open reduction internal fixation of an ulnar fracture and radial head replacement were performed in July 2012, followed by incision and drainage on July 19, 2012, and hardware removal on January 6, 2014. The claimant has also been diagnosed with left elbow cubital tunnel syndrome. Performed on May 13, 2013, EMG/NCV studies showed no electrodiagnostic evidence of cervical radiculopathy, brachial plexopathy, or mononeuropathy involving the left median, ulnar or radial nerves. There was no electrodiagnostic evidence of ulnar neuropathy of the left elbow. Taken on November 14, 2013, plain film radiographs of the left elbow showed consolidation of the olecranon fracture of the ulna in good alignment with no evidence of complication and a well-positioned radial head prosthesis. According to a June 26, 2014, follow-up note, the claimant reported intermittent left elbow pain, present when extending the left arm. Symptoms of numbness and tingling were described as radiating proximally to the neck and distally to the little and ring fingers of the left hand Occasional popping sensation and swelling of the left elbow were noted. Symptoms were reported to have decreased since the last evaluation. Physical examination of the left elbow showed no swelling or deformity. A 14 centimeter surgical scar in the ulnar boarder of the left elbow and forearm was noted to be tender over the left elbow cubital tunnel. Range of motion was 20 degrees of extension to 130 degrees of flexion with 60 degrees of supination and 70 degrees of pronation. Conservative care has included postoperative physical therapy, treatment with Norco and Advil and left elbow bracing. This request is for left elbow ulnar nerve release with possible transposition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow ulnar nerve release with a possible transposition:** 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 section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**Decision rationale:** Based on California MTUS/ACOEM Guidelines, this request would not be supported as medically indicated. Prior to considering an ulnar nerve release with possible transposition, ACOEM Elbow Guidelines cite the need for electrophysiologic or imaging evidence of a lesion that would benefit long term from surgical intervention. The reviewed records do not document the presence of such pathology. In addition, the records note that the claimant's left elbow symptoms appear to be improving. In the absence of positive electrodiagnostic studies and given that the claimant's symptoms are improving, this request would not be established as medically necessary.