

<b>Case Number:</b>	CM14-0033359		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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, Hand Surgeon and is licensed to practice in Texas. 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 61-year-old male who reported an injury on 03/05/2013. The mechanism of injury was not stated. Current diagnoses include right shoulder tendinitis and AC (Acromioclavicular Joint) joint arthritis, cervical disc herniation, cervical sprain with radicular symptoms, mild left C7-8 radiculopathy, mild left cubital tunnel syndrome, mild right and moderate left carpal tunnel syndrome, severe right radiculopathy, and status post right carpal tunnel release. The injured worker was evaluated on 02/24/2014 with reports of ongoing neck pain and weakness in the right arm and hand. The injured worker was status post right carpal tunnel release on 10/04/2013. Physical examination revealed positive Tinel's and Phalen's testing in the left wrist, positive carpal tunnel compression testing in the left wrist, positive Tinel's testing in the left cubital tunnel, and weakness of the left hand intrinsic muscles. Treatment recommendations at that time included an anterior cervical discectomy and fusion as well as a left cubital tunnel release with medial epicondylectomy. It is noted that the injured worker underwent Electrodiagnostic studies on 11/08/2012, which indicated mild left ulnar neuropathy at the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cubital tunnel release with medial epicondylectomy:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, a failure to improve with exercise programs, and clear clinical and electrophysiological or imaging evidence of a lesion. As per the documentation submitted, the injured worker does maintain Electrodiagnostic evidence of mild left ulnar neuropathy at the elbow. However, the injured worker's physical examination only revealed positive Tinel's testing over the left cubital tunnel. There is no documentation of a significant functional limitation. There is also no mention of an attempt at any conservative treatment prior to the request for a left cubital tunnel release with medial epicondylectomy. Based on the clinical information received, the request for Left cubital tunnel release with medial epicondylectomy is not medically necessary.