

<b>Case Number:</b>	CM14-0036874		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 injured worker is a 58-year-old female who reported an injury on 01/14/2013. The mechanism of injury was lifting a heavy car seat. The injured worker underwent an electromyography (EMG) on 01/03/2014. The EMG revealed no electrodiagnostic evidence of right elbow ulnar motor neuropathy at the cubital tunnel. There was documentation of electrodiagnostic evidence of mild right wrist median sensory neuropathy at the carpal tunnel region. The physical examination of 04/16/2014 revealed the injured worker had a positive Tinel's test at the cubital tunnel and discomfort to the little finger with flexed elbow test at 15 seconds. There was tenderness at the medial elbow. The diagnosis was ulnar nerve lesion, right. The treatment plan included a right shoulder arthroscopy, subacromial decompression and repairs as necessary, in addition, an ulnar nerve decompression and transposition at the right elbow. The documentation indicated the injured worker underwent the above procedures on 04/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right Elbow Ulnar Nerve Decompression/Transposition:** 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): 45-46.

**Decision rationale:** The ACOEM Guidelines indicate the surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with the clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to nerve entrapment and documentation that the injured worker has failed conservative care including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review indicated the injured worker had positive findings on examination. However, there was lack of documentation indicating the injured worker had failed full compliance in therapy and had positive electrodiagnostic studies, as it was indicated the electrodiagnostic studies were normal. Due to the above, the request for outpatient right elbow ulnar nerve decompression/transposition is not medically necessary.

**Post operative outpatient physical therapy (PT) two times per week over four weeks:**  
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:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.