

<b>Case Number:</b>	CM14-0038863		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Orthopaedic Surgery, has a subspecialty in Fellowship trained in Spine 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 54-year-old male who reported an injury on 04/01/2013. The mechanism of injury was not provided. Current diagnosis is bilateral cubital tunnel syndrome. The injured worker was evaluated on 01/06/2014. The injured worker reported numbness and paresthesia. Physical examination revealed tenderness along the cubital tunnel bilaterally, positive Tinel's testing, and intact sensation with 5/5 strength. It is noted that electrodiagnostic studies on 08/09/2013 indicated normal findings. Treatment recommendations included cubital tunnel release with anterior subcutaneous transposition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SURGERY LEFT ANTERIOR SUBCUTANEOUS TRANSPOSITION ULNAR NERVE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 240.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation HEGMANN K (ED), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND ED (2007 REVISION), PAGE 44-49.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. As per the documentation submitted, there is no evidence of a significant limitation of activity. The injured worker's physical examination only revealed tenderness along the cubital tunnel bilaterally. The injured worker demonstrated intact sensation with 5/5 strength. It is noted that an electrodiagnostic study completed on 08/09/2013 revealed normal findings. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical intervention. Based on the aforementioned points, the current request is non-certified.

**PRE OPERATIVE CLEARANCE:** 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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**PRE - OPERATIVE TESTS LAB WORKS (COMPLETE BLOOD COUNT(CBC), URINALYSIS (UA), COMPREHENSIVE METABOLIC PANEL (CMP) AND EKG:**  
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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.