

<b>Case Number:</b>	CM14-0042779		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	06/08/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Plastic and Hand Surgery and is licensed to practice in Oregon. 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 patient is a 56-year-old female who injured her right elbow on 06/08/2010 due to repetitive use. The patient is diagnosed with carpal tunnel syndrome status post bilateral release, bilateraleubital tunnel syndrome status post left release, and lateral epicondylitis of the right elbow. A request for right elbow cubital tunnel release has been made. A prior history of right carpal tunnel release in 10/8/10 was noted. Electrodiagnostic studies by [REDACTED] dated 05/15/13 revealed successful bilateral carpal tunnel release. The patient was treated with medications and bracing which provided some relief. On 2/5/14 follow-up, she complained of bilateral upper extremity symptoms. Physical examination of the right elbow on that visit showed tenderness over the medial and lateral epicondyle. There was positive Tine's sign. There was pain with resisted motion. Strength was at 3-F/5. The recent medical record dated 3/24/14 indicates that the patient continues to experience pain in the elbow with some radiation and numbness to the fifth finger. Physical examination revealed tenderness to palpation laterally. There is positive Tinelt's test at the elbow. There is positive Grind test. The patient was recommended for surgery of the right elbow due to significant ulnar neuritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Elbow Cubital Tunnel Surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 240.

**Decision rationale:** According to the ACOEM guidelines, Chapter 10 page 240, Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping. This patient's nerve conduction test from May 2013 did not show any evidence of cubital tunnel syndrome. In addition, the records do not document conservative care specifically for cubital tunnel syndrome including use of elbow pads and work station changes. The request is not medically necessary.