

<b>Case Number:</b>	CM14-0049379		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 patient is a male with reported industrial injury on 5/13/10. Electrodiagnostic report on 11/29/11 demonstrates left cubital tunnel syndrome without denervation. Electrodiagnostic study 12/20/13 demonstrates no evidence of left ulnar neuropathy. Exam note 1/30/14 demonstrates minimal tenderness to the medial epicondyle and positive Tinel's. Exam note 2/2/14 demonstrates report of numbness in ulnar 2 digits. A report states significant pain with use of cubital comfort brace. Objective findings show negative Tinel's, negative ulnar subluxation, positive hyperflexion of the left cubital tunnel and tenderness at the medial epicondyle of the flexor pronator mass. No attached notes of conservative management for left cubital tunnel syndrome. A request for surgical intervention at the left cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left cubital tunnel release QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 36-38. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Surgery for Cubital Tunnel Syndrome.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

**Decision rationale:** California MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3 month trial period. In this case there is insufficient evidence in the records that the claimant has satisfied these criteria in the cited records of 2/2/14. In addition the latest EMG study from 2/20/13 is negative for left ulnar neuropathy. Therefore the determination is the request is not medically necessary.

**Left possible medical epicondylectomy vs anterior subcutaneous transposition QTY:1.00:**  
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.

**Post- op OT 2x6 QTY: 12.00:** 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.

**Blood work w/ PTP QTY:1.00:** 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.