

<b>Case Number:</b>	CM14-0052324		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Hand Surgery 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 59-year-old male who reported an injury on 07/01/2013. The mechanism of injury was not stated. Current diagnoses include left cubital tunnel syndrome and status post left open median and ulnar nerve decompression on 10/29/2013. The injured worker was evaluated on 02/10/2014 with complaints of persistent left elbow pain. It is noted that the injured worker had been treated with an elbow splint without any improvement. Physical examination revealed positive Tinel's testing, decreased sensation to light touch, and positive elbow flexion testing. There was no evidence of anterior subluxation of the ulnar nerve with elbow flexion. Treatment recommendations included a left elbow cubital tunnel release. It is noted that the injured worker underwent electrodiagnostic studies on 07/01/2013, which indicated moderate 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 possible anterior subcutaneous transposition of the ulnar nerve under general anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, fail to improve with exercise programs, and have clear clinical and electrophysiologic or imaging evidence of a lesion. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. As per the documentation submitted, the injured worker does maintain electrodiagnostic evidence of moderate ulnar neuropathy at the left elbow. However, there is no mention of a failure to respond to conservative treatment including physical/exercise therapy. Additionally, California MTUS/ACOEM Practice Guidelines state submuscular transposition is not recommended for treatment of ulnar nerve entrapment. Simple decompression is recommended. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.