

<b>Case Number:</b>	CM14-0059012		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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:

This is a 46 year old male with a 1/20/2004 date of injury. The exact mechanism of injury has not been described. According to a progress note dated 4/17/2014, patient complaining of numbness, tingling, and to a lesser degree vague radiating pain involving the right thumb, index and long finger. He first noted these symptoms 2 years ago, which had an insidious onset. Objective: Examination of right hand shows normal posture. There is full range of motion at the wrist in both flexion/extension as well as pronation/supination, and at the MCP, PIP and DIP joints of all digits. The Capillary refill brisk is in all digits. There is atrophy present and there is normal thumb abduction strength. Phalen's test is positive. There is Positive Tinel's over the median nerve at the wrist. The Carpal compression test is positive. The Diagnostic Impression: Right Carpal Tunnel; and Treatment-to-date is Manuel Therapy and Therapeutic exercise. There were no current MD notes with detailed physical examination findings documented. The diagnostic test/EMG/NCV was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revise Ulnar Nerve Decompression right elbow:** 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): 603-606, Chronic Pain Treatment Guidelines Elbow Disorders.

**Decision rationale:** The California MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. The medical documentation supplied does not reflect any objective evidence of loss of function to right elbow. No electrical studies were provided. Furthermore conservative treatment for 3 to 6 months was not addressed with the documentation. Therefore, the request for revise ulnar nerve decompression right elbow is not medically necessary.