

<b>Case Number:</b>	CM14-0066126		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/02/2009
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 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:

This is a 35 year old male claimant with an industrial injury dated 03/02/09. Patient has a chief complaint of elbow pain that is radiating into the fourth and fifth digits with hypersensitivity on the index finger. Exam note 03/26/14 states patient had tenderness around their right hand and wrist. Patient is also tender over the first dorsal compartment with a positive Finkelstein test, had a positive Tinel's sign at the cubital tunnel and a positive elbow flexion. There is discoloration on his hand and in the physical exam. Electromyogram (EMG) and Nerve Conduction Studies of the right upper extremity demonstrated mild sensory and motor distal latency at the right median nerve. Treatment plan consists of a right ulnar nerve decompression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ulnar Nerve Decompression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Ulnar Tunnel Syndrome". Orthopedic Clinics of North America 43, no 4 (2012): 467-474.

<http://jdc.jefferson.edu/cgi/viewcontent.cgi?article=1044&context=orthofp&sei-redir=httpThe>  
Journal of Hand Surgery 39, no. 3 (2014):571-579.

<http://www.sciencedirect.com/science/article/pii/S0363502313011404>.

**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 Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) is silent on the issue of surgery for cubital tunnel syndrome. According to the Official Disability Guidelines (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 from 3/26/14. In addition, electrodiagnostic testing does not demonstrate any evidence of cubital tunnel syndrome. Therefore the determination is for not medically necessary and appropriate.