

<b>Case Number:</b>	CM14-0070921		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Surgeon and is licensed to practice in Georgia and 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 40-year-old female who reported an injury on 08/28/2013. The mechanism of injury involved repetitive activity. Current diagnoses include right trigger thumb, rule out right carpal tunnel syndrome, right shoulder subacromial impingement syndrome, and complaints of stress and sleep difficulty. The latest physician progress report submitted for this review is documented on 02/25/2014. Physical examination on that date revealed normal range of motion of the bilateral elbows, negative provocative testing, normal range of motion of the bilateral wrists, positive Phalen's testing on the right, positive Durkan's compression testing on the right, tenderness along the right thumb A1 pulley, and diminished grip strength on the right. Treatment recommendations at that time included updated electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery release of right ulnar nerve:** 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): 45-46.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state 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. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment, and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes, and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit with regard to the right upper extremity. There were no imaging studies or electrodiagnostic reports submitted for this review. There is also no mention of an attempt at any conservative treatment for the right upper extremity. Based on the clinical information received, the request is non-certified.