

<b>Case Number:</b>	CM14-0071573		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/29/2009
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/17/2014

### 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 Pennsylvania. 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 31-year-old female sustained injuries to the neck and upper extremities as a result of cumulative trauma on 11/29/09. Medical records specific to the claimant's left upper extremity document that she has undergone a previous 2013 left carpal tunnel release that failed to resolve the numbness into the digits. The claimant is now carrying diagnosed with cubital tunnel syndrome. Physical examination on 3/19/14 revealed full cervical range of motion but no documentation of upper extremity findings. The report on 3/19/14 states that previous electrodiagnostic studies of the upper extremities were negative for compressive pathology at the elbow, wrist, or cervical spine. There is no specific documentation of conservative treatment directed at the claimant's elbow available for review. The recommendation was made for a left cubital tunnel release with possible medial epicondylectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery endoscopic cubital tunnel release, possible open, possible medial epicondylectomy, for the left side:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** Based on California ACOEM Guidelines, the request for left endoscopic cubital tunnel release, possible open, possible medial epicondylectomy cannot be recommended as medically necessary. ACOEM Guidelines recommend that a firm diagnosis be established based on both positive physical examination findings and electrodiagnostic testing. The medical records do not contain any electrodiagnostic evidence of compressive findings of the ulnar nerve. There is no indication of recent conservative care for a diagnosis of cubital tunnel syndrome. Without indication of positive electrodiagnostic studies or previous conservative measures, the acute need of surgical intervention to include a cubital tunnel and possible medial epicondylar procedure would not be indicated.

**Occupational therapy post op two times a week for six weeks Quantity: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The request for left endoscopic cubital tunnel release, possible open, possible medial epicondylectomy cannot be recommended as medically necessary. Therefore, the request for post-operative physical therapy is also not medically necessary.

**Medical clearance pre-operative:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative testing, general.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** The request for left endoscopic cubital tunnel release, possible open, possible medial epicondylectomy cannot be recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.