

<b>Case Number:</b>	CM14-0192305		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Minnesota. 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 45-year-old male with a history of industrial injury on 5/29/13 while attempting to lift a 50 pound block of wood out of a bucket. He sustained a low back injury which improved with acupuncture treatment. A nerve conduction study of 7/25/14 revealed bilateral moderate carpal tunnel syndrome and left mild cubital tunnel syndrome. Surgery was requested for left ulnar nerve revision and left carpal tunnel syndrome. A request for a left endoscopic or open carpal tunnel release was certified by utilization review. However, the request for revision of ulnar nerve at the elbow was noncertified as the electrodiagnostic studies revealed mild ulnar neuropathy, there was no evidence of conservative care including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing elbow flexion while sleeping. Functional deficits were also not clear. Furthermore, there was nothing to suggest a subluxing ulnar nerve and so the transposition would not appear to be appropriate even if and when the patient underwent ulnar nerve decompression. The surgery was therefore noncertified per California MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Revise ulnar nerve at elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 18, 19, 36, 37.

**Decision rationale:** California MTUS guidelines indicate recommendation of conservative treatment for ulnar nerve entrapment prior to surgical considerations. These treatments include elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and utilization of NSAIDs. The guidelines also compared two surgical techniques including a simple decompression procedure and anterior subcutaneous transposition. The conclusion was that the more risky and less effective transposition procedures remain the most common; however, the simple ulnar nerve release does have some evidence of benefits over the more complicated surgical procedures such as transposition. A decision to operate necessitates evidence of failed conservative care with full compliance in therapy which is not provided. A significant loss of function also needs to be documented. This has also not been provided. Furthermore, the request as written does not specify if it is the right ulnar nerve or the left. In light of the above, the request for ulnar nerve revision at the elbow is not supported by guidelines and as such the medical necessity is not established.