

<b>Case Number:</b>	CM14-0201850		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 patient had an office visit on 02/26/14. It was noted that the patient had paresthesias in the ring and little fingers. The patient complained had been mainly on the ulnar side of the wrist and also had carpometacarpal (CMC) joint arthritis of the thumb. The patient had recent extensor carpi ulnaris (ECU) tendon stabilization at the wrist and had done well so that the patient was discharged to a home program this September. The patient then developed paresthesias in the right and little fingers but there were no provocative signs at the wrist or elbow and the previous electromyography study showed only borderline changes to the ulnar nerve at the elbow and wrist. The patient underwent repair of subluxating extensor carpi ulnaris tendon of the right wrist on 03/28/14. Electromyography and nerve conduction velocity studies of the right upper extremity dated 03/11/14 documented evidence for a borderline compression of the right ulnar nerve at the elbow segment. The conduction velocity of the ulnar nerve at the elbow segment was in the lower range of normal, but was significantly slower than that of the conduction velocity of the ulnar nerve in the forearm. There was no evidence for any other entrapment neuropathy. There was no evidence on needle electrode compression of the ulnar nerve at the elbow segment. Nerve conduction studies reviewed on 10/22/14 documented an underlying ulnar neuropathy of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RECON: Right Ulnar Nerve Release:** 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): 240.

**Decision rationale:** According to the ACOEM guidelines, Chapter 10 page 240, "Surgery for ulnar nerve entrapment is indicated after establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate presupposes that a significant problem exists, as reflected in significant activity limitations due to the specific problem and that the patient has failed conservative care, including use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing elbow flexation while sleeping." The records do not document a trial of conservative care including use of elbow pads and night splinting. Therefore the request is not medically necessary.