

<b>Case Number:</b>	CM15-0134514		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/11/2007
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports Medicine

### 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 sustained an industrial injury on 3/11/07. She had complaints of wrist pain and was diagnosed with bilateral carpal tunnel syndrome. In addition, she had complaints of head, neck, abdominal, and shoulder pain because of three different injuries. Treatments include medication, ice or heat, physical therapy, exercise, acupuncture and surgery. Progress report dated 6/24/15 reports 9 weeks after left ulnar nerve transposition with resolution of numbness and tingling. She has mild swelling around the left elbow and lacks full extension. Plan of care includes: continue with physical therapy twice per week for strengthening, request right ulnar nerve decompression. Work status: restrictions limited use of left arm and no lifting greater than 5 pounds, she is currently disabled. Follow up in 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physician assistant PA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Green's Operative Hand Surgery, 6th ed Pages 995-1003.

**Decision rationale:** This is a request for an assistant surgery for cubital tunnel decompression surgery. Surgical technique is beyond the scope of the California MTUS, but is discussed in detail in the specialty text referenced. Ulnar nerve decompression at the elbow is a small surgery, which can be performed by a single surgeon. An assistant surgeon is not medically necessary.