

<b>Case Number:</b>	CM15-0167483		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/03/2001
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic 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:

This injured worker is a 53 year old male with a date of injury of 10-03-2001. Diagnoses include carpal tunnel syndrome and spinal stenosis. Treatment to date has included surgical intervention (cervical spine 1-2015, lumbar fusion, undated, and right wrist, 2013), as well as conservative measures including diagnostics, aquatic therapy, medications and psychological evaluation and treatment. Per the handwritten Primary Treating Physician's Progress Reports (PR-2) dated 7-01-2015, 7-14-2015 and 8-03-2015, the injured worker presented for reevaluation. He reported neck pain, low back pain and bilateral shoulder pain. He reports pain radiating to the lower leg with associated numbness and tingling. Objective findings included tenderness to palpation and spasm of the cervical and lumbar spine. Electrodiagnostic testing was described as positive for carpal tunnel and cubital tunnel syndrome. The plan of care included surgical intervention and authorization was requested on 8-03-2015, for right ulnar nerve transposition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right ulnar nerve transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Ulnar Nerve Transposition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow section, Surgery for cubital tunnel syndrome.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of surgery for cubital tunnel syndrome. According to the ODG, Elbow section, Surgery for cubital tunnel syndrome, indications include exercise, activity modification, medications and elbow pad and or night splint for a 3-month trial period. In this case there is insufficient evidence in the records that the claimant has satisfied these criteria in the cited records. Therefore the request is not medically necessary.