

<b>Case Number:</b>	CM15-0180180		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 12-11-2012. Medical records indicate the worker is undergoing treatment for left shoulder arthroscopy on 7-7-2014, cervical 3-5 small-moderate disc herniations, cervical 5-7 small disc herniations, cervical sprain, left elbow lateral epicondylitis and mild left cubital tunnel syndrome. A progress note from 2-5-2014 reports the injured worker complains of left elbow and left shoulder pain. A more recent progress report dated 8-26-2015, reported the injured worker complained of pain in the left elbow and left shoulder with no improvement after using a brace for 6 weeks. Physical examination revealed bilateral elbow flexion of 130 degrees and cervical spine tenderness. Neuro-diagnostic studies were referenced in a progress note (8-26-2015) as showing mild left cubital syndrome. Treatment to date has included psychotherapy, steroid injections, acupuncture, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. The Request for Authorization dated 8-26-2015, requested a left elbow ulnar nerve decompression and medial epicondylectomy. On 9-3-2015, the Utilization Review noncertified a request for a left elbow ulnar nerve decompression and medial epicondylectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow ulnar nerve decompression and medial epicondylectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia. 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 determination is for non-certification. CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. In this case there is insufficient evidence of failure of conservative care to warrant a medial epicondylar release. In addition there is no MRI report attached demonstrating a surgical lesion. Therefore determination is for non-certification.