

<b>Case Number:</b>	CM15-0186825		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/22/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 57 year old female, who sustained an industrial injury on March 22, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left cubital tunnel syndrome status post endoscopic cubital tunnel release, left lateral epicondylitis and left radial tunnel syndrome. On August 19, 2015, the injured worker complained of ongoing ulnar nerve subluxation of the left elbow with radiating numbness and tingling of the left hand. Tinel's sign was intermittent. Physical examination of the left elbow and left upper extremity revealed palpable ulnar nerve subluxation with full flexion and extension. Some of the hand-written objective findings were illegible. The treatment plan included left elbow open cubital tunnel release with anterior ulnar nerve subcutaneous transposition followed by post-operative occupational therapy. On September 2, 2015, utilization review denied a request for one left open cubital tunnel release with anterior ulnar nerve release and subcutaneous transposition and eight post-operative occupational therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 post operative occupational therapy visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

**One (1) left open cubital tunnel release with anterior ulnar nerve release and subcutaneous transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 determination is not medically necessary.