

<b>Case Number:</b>	CM15-0201414		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 41 year old female, who sustained an industrial injury on 5-7-2014. The injured worker is undergoing treatment for carpal tunnel syndrome with release and cubital tunnel syndrome. Medical records dated 9-1-2015 indicate the injured worker complains of left elbow pain radiating to the hand. The treating physician indicates recent carpal tunnel release with physical therapy but continued left arm pain with numbness and tingling with stiffness and weakness. Physical exam dated 9-1-2015 notes tenderness to palpation of the left volar aspect. There is decreased sensation to light touch in the left hand and forearm of the ulnar nerve area, positive Tinel's sign and poor grip strength. Treatment to date has included carpal tunnel release, physical therapy and medication. The original utilization review dated 9-25-2015 indicates the request for left cubital tunnel release and facility as outpatient is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Cubital Tunnel Release:** Upheld

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

**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 exam note of 9/1/15 that the claimant has satisfied these criteria. Therefore the determination is for not medically necessary.

**Associated surgical service: Facility as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Elbow- Hospital length of stay (LOS).

**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:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.