

<b>Case Number:</b>	CM15-0043727		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New York, New Hampshire, 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 38 year old female who sustained an industrial injury on 4/25/14. The injured worker reported symptoms in the right upper extremity. The injured worker was diagnosed as having cubital tunnel syndrome of the right elbow. Treatments to date have included nonsteroidal anti-inflammatory drugs, physical therapy, home exercise program, oral muscle relaxant, occupational therapy, workstation ergonomic changes, universal wrist strap, splint, and activity modification. Currently, the injured worker complains of right elbow pain with associated numbness. The plan of care was for cubital tunnel release of the right elbow and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One simple cubital tunnel release of right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-278.

**Decision rationale:** The medical records do not clearly establish the diagnosis of nerve impingement at the elbow. There is no clear documentation of nerve conduction study establishing the diagnosis. MTUS guidelines for nerve release surgery in the elbow region not met. The surgery is not medically needed based on review of the medical records.