

<b>Case Number:</b>	CM15-0056835		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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  
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 43 year old male, who sustained an industrial injury on April 15, 2013, incurring left shoulder injuries. He was diagnosed with shoulder retro coracoid impingement syndrome, adhesive capsulitis of the shoulder, brachial neuritis, and ulnar nerve lesion. In July, 2013, he underwent a shoulder decompression, distal clavicle resection and manipulation. Magnetic Resonance Imaging of the left elbow showed ulnar neuritis and soft tissue edema. Magnetic Resonance Imaging of the right shoulder performed in March 2015, revealed tendinosis of the rotator cuff structures without a rotator cuff tear and an anterior labral tear. Treatment included physical therapy, pain management, Electromyography studies, and work restrictions. The treatment plan that was requested for authorization included outpatient left elbow cubital tunnel exploration, anterior sub muscular transposition, neurolysis and left ulnar nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left elbow cubital tunnel exploration, anterior submuscular transposition, neurolysis, left ulnar nerve: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cubital tunnel.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 while the claimant has had symptoms since April 2013, there is insufficient documentation that the claimant has satisfied these criteria. Therefore the request is not medically necessary.