

<b>Case Number:</b>	CM15-0057026		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/03/2015
<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 4/15/13. The injured worker was diagnosed as having left elbow cubital tunnel syndrome. Currently on 2/2/15, the injured worker was with complaints of discomfort in the left elbow and left shoulder. Previous treatments included status post arthroscopic left shoulder decompression, distal clavicle resection and manipulation, physical therapy, home exercise program, activity modification and medication management. Previous diagnostic studies included an electromyography and a magnetic resonance imaging revealing tendinosis of the rotator cuff structures without a frank rotator cuff tear and anterior labral tear. The plan of care was for surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow tunnel exploration, anterior submuscular trnsposition, neurolysis, left ulnar nerve:** Upheld

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

**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 there is insufficient evidence in the exam note of 2/2/15 that the claimant has satisfied these criteria. Therefore the request is not medically necessary.