

<b>Case Number:</b>	CM15-0089156		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Arizona

Certification(s)/Specialty: 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 female, who sustained an industrial injury on 04/14/2010. She has reported injury to the left hand, forearm, and elbow. The diagnoses have included left carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, injection, and physical therapy. Medications have included Motrin. A progress note from the treating physician, dated 09/16/2014, documented a follow-up visit with the injured worker. The injured worker reported worsening pain in the left wrist and hand radiating to the left arm; and numbness and tingling. Objective findings included tenderness to the left wrist and hand; physical exam is limited; and patient is guarded because of pain. The treatment plan has included the request for left ulnar nerve transposition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Ulnar Nerve transposition:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The patient is a 43 year old female, date of injury 2010. Has failed non-operative treatment for her symptoms and last office visit 09/16/2014 documented a subjective complaint of worsening pain in the left wrist and hand radiating to the left arm as well as numbness and tingling. Objective findings included tenderness to the left wrist and hand. Documented physical exam is limited; and patient is guarded because of pain. The exam does not demonstrate significant clinical findings suggestive of ulnar nerve entrapment. The more risky and less effective transposition procedures remain the most common. Evidence is lacking that any of these surgeries has advantages over conservative treatment. The simple ulnar nerve release does have some evidence of benefits over more complicated surgical procedures such as transposition. Surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has failed conservative care, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms in cases that include positive electrodiagnostic studies with objective evidence of loss of function, lack of improvement may necessitate surgery and surgery for this condition is recommended. Although she has failed non-operative management (medications, diagnostics, bracing, injection, and physical therapy), she does not demonstrate exam findings consistent with ulnar nerve compression and her EMG (although not available for review despite a request for information) has been reported as normal. Therefore, surgery is not indicated without positive EMG studies. The request is not medically necessary.