

<b>Case Number:</b>	CM14-0116081		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 year old female claimant with an industrial injury dated 06/30/11. The patient is status post a left elbow ulnar nerve transposition surgery in July 2008. Conservative treatments have included medication, activity modification, and physical therapy. Exam note 07/01/14 states the patient returns with right elbow pain. The patient reports having numbness and tingling in which is radiating to the right fingers. Physical exam demonstrates evidence of some tenderness on the lateral epicondyle and extensor tendon, along with mild tenderness on the medial epicondyle, and moderate tenderness over the ulnar nerve. The patient completed a positive Tinel's sign test with sensations that radiate to the fingers. The patient had a grade four weakness of the first dorsal interosseous muscle. The patient was diagnosed with right cubital tunnel syndrome with medial epicondylitis. Treatment includes right ulnar nerve neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow ulnar nerve release and neurolysis plus a possible anterior transposition:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 36-38.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section

**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 records from 7/1/14 that the claimant has satisfied these criteria in the cited records. Therefore the determination is not medically necessary.

**Post-op PT 2x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, the associated services are not medically necessary.