

<b>Case Number:</b>	CM14-0133918		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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:

The claimant is a 37-year-old who injured the left upper extremity in a work related accident on December 19, 2011. The medical records provided for review included the June 30, 2014 progress report noting that the claimant had continued symptoms of numbness and tingling into the left small digit. Examination showed a positive Tinel's sign at the left ulnar nerve with hyperflexion testing, positive for paresthesias in the ring and small finger, full range of motion and tenderness medially at the elbow. There was no evidence of subluxation. The claimant has been treated in the past with a corticosteroid injection, activity restrictions and therapy. The report of an MRI of the elbow from February of 2012 showed an avulsion at the foot plate of the ulnar collateral ligament with an increased signal at the ulnar nerve raising the suspicion of cubital tunnel syndrome. The medical records did not include documentation of electrodiagnostic studies for review but the physician documented recent EMG testing was performed showing left cubital tunnel syndrome. This review is for a cubital tunnel release with subcuticular ulnar nerve transposition and tendon lengthening procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left QTR possible sub Q ulnar nerve transposition and tendon lengthening:** 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): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for cubital tunnel syndrome (ulnar nerve entrapment).

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for cubital tunnel release with subcuticular ulnar nerve transposition and tendon lengthening procedure cannot be recommended as medically necessary. The ACOEM Guidelines indicate requiring a firm diagnosis on the basis of clear clinical evidence and positive electrodiagnostic studies that correlate with clinical findings. It also recommends significant conservative measures for a three to six month period of time. The records in this case indicate symptoms consistent with cubital tunnel syndrome but there is currently no documentation of formal electrodiagnostic studies for review to support the diagnosis. According to the Official Disability Guidelines, transposition of the ulnar nerve is only indicated if the ulnar nerve subluxates on range of motion of the elbow, otherwise simple decompression is recommended. The clinical records and examination findings fail to demonstrate any evidence of subluxation of the ulnar nerve. Therefore, the need for the requested surgery to include a transposition would not be supported.

**Post operative physical therapy for the left elbow, 2 per month x 2 months (4 visits total):**  
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, none of the associated services are medically necessary.

**Hydrocodone 5/325mg #30 for post-operative use:** 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, none of the associated services are medically necessary.