

<b>Case Number:</b>	CM14-0148958		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Occupational Medicine 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:

This is a 52 year old male with a 3/15/11 injury date. The mechanism of injury was cumulative trauma. An EMG/NCV of the upper extremities on 7/17/13 showed bilateral cubital tunnel syndrome and left suprascapular nerve injury. In a 6/25/14 follow-up, subjective complaints included bilateral elbow pain. Objective findings included tenderness over the elbow biceps insertions and medial epicondyles, and painful elbow range of motion. In an 8/7/14 follow-up, the patient complains of right elbow, arm, and forearm pain with numbness and tingling in the small and ring fingers. Diagnostic impression: right cubital tunnel syndrome, right medial epicondylitis. Treatment to date: medications, elbow supports, volar splints, home exercise, acupuncture, physical therapy for the shoulder. A UR request on 8/25/14 denied the request for right ulnar nerve transposition on the basis that there was no evidence from the documentation that the patient has exhausted conservative treatment options. The request for post-op physical therapy was denied because the surgical procedure was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Transportation of Ulnar Nerve with Resection of Medial Epicondyle right elbow:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06.

**Decision rationale:** CA MTUS criteria for cubital tunnel release include clear clinical evidence and positive electrical studies, significant loss of function, and failed conservative care; absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. There is one quality study of chronic ulnar neuropathy at the elbow available that evaluates anterior transposition vs. medial epicondylectomy. Neither surgery was clearly beneficial; however, there was less pain in the group treated with medial epicondylectomy. This surgical option for this problem is high cost, invasive, has side effects, and may not address the neuropathy. Thus, medial epicondylectomy for ulnar neuropathy is not recommended. In the present case, there is no evidence in the documentation that the patient has tried physical therapy specifically for the elbow complaints. In addition, it does not appear that a cortisone injection has been tried. In addition, the physical exam findings are not very specific or detailed. There are no reported objected findings of positive provocative tests such as Tinel's at the cubital tunnel, ulnar nerve subluxation on elbow motion, distal sensory deficits, or tenderness at the medial epicondyle. Therefore, the diagnoses are not well supported. The medical necessity of the procedure is not supported at this time. Therefore, the request for Anterior Transposition of Ulnar Nerve with Resection of Medial Epicondyle right elbow is not medically necessary

**post operative physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS recommends 20 physical therapy sessions over 10 weeks after surgical treatment of cubital tunnel syndrome. However, the request cannot be approved at this time because the surgical procedure was not certified. Therefore, the request for post operative physical therapy is not medically necessary.