

<b>Case Number:</b>	CM14-0166500		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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:

This is a 48-year-old female who was injured in a work-related accident on 07/19/11. The medical records provided for review documented that the claimant's current complaints focused on the left upper extremity. The 08/05/14 PR2 (progress report) report documented that the claimant had continued complaints of left shoulder pain, left elbow pain, and right wrist pain. Complaints for the left elbow were described as moderate and stabbing discomfort with "electrical" pain radiating to the small digit of the hand with numbness. Physical examination revealed 4/5 strength of left elbow flexion and extension, tenderness to palpation over the median nerve at the wrist and volar aspect of the wrist, diminished grip strength of the left upper extremity, and no other documented neurologic findings. The diagnosis was ulnar neuritis, chronic in nature because it has not responded to conservative measures. The recommendation was made for transposition of the ulnar nerve at the elbow. The clinical records did not include any documentation of prior electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT ELBOW TRANSPOSITION SURGERY:** Upheld

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

**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): Elbow Chapter: Surgery for cubital tunnel syndrome (ulnar nerve entrapment)

**Decision rationale:** Based on the California ACOEM Elbow Update 2007 Guidelines and supported by the Official Disability Guidelines, the request for left elbow transposition would not be indicated. The documentation of the claimant's physical examination fails to demonstrate objective evidence of cubital tunnel syndrome. The documentation also fails to identify any evidence of subluxation of the ulnar nerve at the elbow. There are no electrodiagnostic studies provided for review to confirm an ulnar nerve entrapment. Therefore, in absence of this documentation, the request for left elbow transposition surgery cannot be recommended as medically necessary.