

<b>Case Number:</b>	CM14-0087296		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/05/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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:

55 year old individual has reported industrial injury of 2/5/09. Prior treatment has included a cortisone injection of the right elbow without relief of symptoms and massage therapy. Records demonstrate the claimant is status post 55 post-operative physical therapy sessions. Claimant is status post right shoulder arthroscopic surgery in January 2012 and right elbow anterior transposition of the ulnar nerve. Exam note from 1/13/14 demonstrates pain in the cervical spine radiating to the right shoulder. Exam demonstrates the right shoulder demonstrates tenderness to palpation over the trapezius, AC joint and coracoid process. Exam note 5/5/14 demonstrates patient with complaint of pain in the right elbow, radiating into the forearm. Sensory deficit were noted in the C5-C7 distribution and throughout the right upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks to right shoulder Quantity:6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, pages 8&9 Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe

performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The guidelines specifically report 3-6 treatments initially. There is insufficient evidence in the records of functional improvement with prior acupuncture from the records of 1/13/14 to warrant further visits. Therefore determination request for additional acupuncture treatments is not medically necessary and appropriate.

**Re-exploration of ulnar nerve at elbow with release and possible further transposition:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for Cubital Tunnel Syndrome.

**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 the patient underwent prior transposition of the ulnar nerve in January 2012. There is insufficient evidence in the records of 5/5/14 of recent attempts at nonsurgical management. Therefore the determination for re-exploration of ulnar nerve at elbow with release and possible further transposition is not medically necessary and appropriate.