

<b>Case Number:</b>	CM14-0092363		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/09/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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:

This 55-year-old male sustained an industrial injury on 6/9/01. The mechanism of injury was not documented. Past surgical history was positive for eight right shoulder surgeries, two lumbar surgeries, and right carpal tunnel release. The 1/9/14 EMG/NCV study showed severe left ulnar neuropathy at the elbow with evidence of early denervation of the left first dorsal interosseous muscle. Physical exam documented left hand intrinsic weakness. Surgical decompression was recommended. The 4/22/14 treating physician report cited left elbow aching and burning pain with numbness, tingling, and weakness. Symptoms were reported as gradually worsening. Severe numbness was reported in the left small and ring fingers. Physical exam documented mild tenderness at the left cubital tunnel. Tinel's was positive over the cubital tunnel and produced tingling in the ulnar side of the hand. The 5/28/14 utilization review denied the request for neuroplasty/transposition of the ulnar nerve at the left elbow based on an absence of documentation of failed conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty/Transposition Ulnar Nerve left Elbow:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS guidelines state that surgery for ulnar nerve entrapment requires establishing a firm diagnosis on the basis of clear clinical evidence and positive electrical studies that correlate with clinical findings. A decision to operate requires significant loss of function, as reflected in significant activity limitations due to the nerve entrapment and that the patient has 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. Guideline criteria have been met. This patient presents with subjective and clinical findings of worsening cubital tunnel syndrome. Muscle denervation is documented on electrodiagnostic studies with severe left ulnar neuropathy at the elbow. Reasonable conservative treatment has been tried and has failed. Therefore, this request is medically necessary.