

<b>Case Number:</b>	CM14-0218300		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 injured worker is a 37-year-old male who reported a repetitive strain injury on 03/17/2014. The current diagnosis is right elbow lateral epicondylitis. A Request for Authorization form was submitted on 08/15/2014 for a cubital tunnel release versus ulnar transposition; however, the latest physician progress report submitted by the requesting physician is dated 07/18/2014. The injured worker presented with complaints of 8-9/10 pain and numbness in the right elbow. Upon examination there was tenderness to palpation. Recommendations at that time included continuation of the current medication regimen of Voltaren, Prilosec, and tramadol. The provider also requested the results of the previously completed upper extremity EMG/NCV. An x-ray of the right elbow was also recommended at that time. It was noted that the injured worker underwent electrodiagnostic studies on 07/11/2014, which revealed evidence of right mild carpal tunnel syndrome. There was peripheral neuropathy of the right ulnar sensory nerve.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cubital tunnel release versus ulnar nerve transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-45.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. 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. According to the documentation provided, the injured worker's physical examination only revealed tenderness to palpation. There was no documentation of a significant functional deficit. As such, the medical necessity for the requested procedure has not been established in this case. Therefore, the request is not medically appropriate.