

<b>Case Number:</b>	CM15-0100236		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/15/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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, Indiana, Oregon  
Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old male, who sustained an industrial injury on June 15, 2006. He reported falling with crutches, injuring his right upper back and right scapular area. The injured worker was diagnosed as having status post bilateral carpal tunnel release, bilateral cubital tunnel syndrome, uncontrolled, and cervical degenerative joint disease. Treatment to date has included MRI, knee arthroscopy, left shoulder repair, electrophysiological testing, electromyography (EMG), bilateral carpal tunnel release, nerve conduction study (NCS), bracing, and medication. Currently, the injured worker complains of numbness and pain in both hands and ongoing neck pain. The Treating Physician's report dated April 27, 2015, noted the injured worker received injections in February, with symptoms of numbness, tingling, and inability to make a complete composite fist returned. Physical examination was noted to show the injured worker with a positive Tinel's sign at bilateral cubital tunnels and positive symptoms of hyperflexion. The treatment plan was noted to include a right cubital tunnel release with scope assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scope Assist Qty: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dutzman et al. "Open versus retractor endoscopic in situ decompression of the ulnar nerve in cubital tunnel syndrome: A retrospective cohort study." Neurosurgery APRIL 2013 Vol 72 (4); 605-616.

**Decision rationale:** CA MTUS/ACOEM and ODG elbow are silent on cubital tunnel release using endoscopy. Dutzman et al. "Open versus retractor endoscopic in situ decompression of the ulnar nerve in cubital tunnel syndrome: A retrospective cohort study." Neurosurgery APRIL 2013 Vol 72 (4); 605-616 is referenced. No difference is found between open and endoscopic decompression. Based on the literature available the requested endoscopic assist is not medically necessary.