

<b>Case Number:</b>	CM15-0114622		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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

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 39-year-old female who sustained an industrial injury on 1/22/2007. She reported complaints of intermittent swelling, weakness, clicking, popping, locking, pain, and numbness in the right hand surrounding the ulnar aspect per exam note of 5/11/15. The injured worker was diagnosed with right chronic radial neuropathy and right cubital tunnel syndrome. Treatment has included physical therapy, medication, rest, and massage from which she reported some pain relief. The injured worker continues to report pain and weakness. Treating physician's plan of care includes ulnar nerve decompression. The injured worker is presently unable to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Ulnar Nerve Decompression:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 604 and 605.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow section, 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 there is insufficient evidence in the exam note of 5/11/15 that the claimant has satisfied these criteria. Therefore the determination is not medically necessary.