

<b>Case Number:</b>	CM15-0118904		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62-year-old female, who sustained an industrial injury on 2/19/2015. She reported pain in both hands and mild tingling in the little fingers of both hands. Diagnoses have included cubital tunnel syndrome on the right and severe cubital tunnel syndrome on the left. Treatment to date has included physical therapy and electromyography (EMG)/nerve conduction velocity (NCV) testing. According to the progress report dated 3/31/2015, the injured worker complained of numbness and pain in both elbows and hands. She rated the pain as 8/10. She reported more numbness in the ring and middle fingers of both hands. Physical exam showed a positive Tinel test on the left elbow as well as at Guyon's canal. She had paresthesias on tapping Guyon's canal of the right wrist and also over the soft tissue of the medial elbow. Authorization was requested for neuroplasty with transposition of ulnar nerve & decompression of ulnar nerve, left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuroplasty with transposition of ulnar nerve & decompression of ulnar nerve, left elbow**  
**QTY: 1. 00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. 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 urgency for cubital tunnel syndrome (ulnar nerve entrapment). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, ulnar nerve surgery is recommended ODG Indications for Surgery-Surgery for cubital tunnel syndrome: Initial conservative treatment, requiring ALL of the following: Exercise: Strengthening the elbow flexors/extensors isometrically and isotonicly within 0-45 degrees. Activity modification: Recommend decreasing activities of repetition that may exacerbate the patient's symptoms. Protect the ulnar nerve from prolonged elbow flexion during sleep, and protect the nerve during the day by avoiding direct pressure or trauma. Medications: Nonsteroidal anti-inflammatory drugs (NSAIDs) in an attempt to decrease inflammation around the nerve. Pad/splint: Use an elbow pad and/or night splinting for a 3-month trial period. Consider daytime immobilization for 3 weeks if symptoms do not improve with splinting. If the symptoms do improve, continue conservative treatment for at least 6 weeks beyond the resolution of symptoms to prevent recurrence. There is no documentation that the patient failed conservative therapies including physical therapy. There is no evidence supporting the cost effectiveness of ulnar transposition. Therefore, the request for Neuroplasty with transposition of ulnar nerve & decompression of ulnar nerve, left elbow QTY: 1.00 is not medically necessary.