

<b>Case Number:</b>	CM15-0127678		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Maryland, Virginia, North Carolina  
Certification(s)/Specialty: Plastic 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 54-year-old male, who sustained an industrial injury on 2/7/14. The injured worker has complaints of persistent low back pain with radiation to right buttock/thigh and paresthesias over right 5th phalanx. The documentation noted tenderness of lumbar paraspinal right. The diagnoses have included lesion of ulnar nerve; carpal tunnel syndrome and sprain and strain of lumbar. Treatment to date has included occupational therapy; magnetic resonance imaging (MRI) of the lumbar spine noted facet arthropathy L4-5, L5, S12 and medications. The request was for right cubital tunnel release. Electrodiagnostic studies from 6/1/15 note no evidence of ulnar neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Cubital Tunnel Release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

**Decision rationale:** The patient is a 54 year old male with signs and symptoms of possible right cubital tunnel syndrome that has failed conservative measures over a 6 month period. However, the diagnosis is not supported by electrodiagnostic studies and the patient does not have evidence of a severe condition. From ACOEM, Elbow Chapter, page 27, 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, including full compliance in therapy, use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, workstation changes (if applicable), and avoiding nerve irritation at night by preventing prolonged elbow flexion while sleeping. Before proceeding with surgery, patients must be apprised of all possible complications, including wound infections, anesthetic complications, nerve damage, and the high possibility that surgery will not relieve symptoms. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. As the diagnosis is not supported by positive electrical studies, right cubital tunnel release should not be considered medically necessary. If the symptoms continue to progress and the severity worsens then this could be reconsidered.