

<b>Case Number:</b>	CM15-0147735		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 (IW) is a 52 year old female who sustained an industrial injury on 10-19-2010. She reported a repetitive use injury. The injured worker was diagnosed as having bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Treatment to date has included left ulnar nerve decompression (06-07-2011), and a redo of the left ulnar nerve decompression (08-13-2014). On the right, the IW has had chronic use of extremity splinting with night extension splinting of the elbow, modified work related activities and modification of activities of daily living, long term use of anti-inflammatory medication, multiple steroid injections to the cubital tunnel, occupational and home therapy. Currently (05-08-2015), the injured worker complains of chronic right elbow pain and numbness in the right upper extremity and hand with loss of grip strength and dexterity in the right hand. She continues with neck pain and stiffness. On exam, she has tenderness over the right ulnar nerve at the cubital tunnel with palpable subluxation. Sensation in the right ulnar nerve at the cubital tunnel has palpable subluxation. She has decreased sensation in the right ring and small fingers with static 2 point discrimination at approximately 10-11 mm. According to the surgical request, she has had chronic symptoms of cubital tunnel syndrome present for greater than 12 month. She has significant symptom reduction (temporary) with the steroid injections. Cubital tunnel compression, elbow flexion and scratch tests were positive. The treatment plan was for surgery for the right ulnar nerve and continuation of Norco and Voltaren. A request for authorization was submitted (05-26-2015) for a Right elbow sub muscular transposition. A utilization review decision (07-14-2015) denied the surgery as not medically necessary because guidelines suggest that decompression with and without anterior transposition was preferred.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right elbow submuscular transposition:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** The patient is a 52 year old female with signs and symptoms of chronic right elbow cubital tunnel syndrome with an adverse effect on her function and with failure of conservative management. Her clinical condition is supported by electrodiagnostic studies. The requesting surgeon notes that the patient has persistent and progressive right ulnar neuropathy with possible ulnar nerve subluxation. His request for a submuscular transposition is based on this and that the previous left ulnar nerve entrapment at the elbow required conversion to a submuscular transposition. ACOEM is clear with its recommendations regarding treatment of ulnar nerve entrapment at the elbow (cubital tunnel). The relevant surgical options are discussed: Simple Decompression Quality studies 118, 119, 121, 122 of patients with chronic ulnar neuropathy at the elbow are available on surgical treatment for ulnar nerve entrapment at the elbow. Surgical options for this problem are high cost, invasive, and have side effects. Yet, in well defined but infrequent cases as outlined above that include positive electrodiagnostic studies with objective evidence of loss of function, lack of improvement may necessitate surgery and surgery for this condition is recommended. Compared with more complex procedures, there is evidence of benefits from simple decompression and this procedure is recommended [Evidence (C), Recommended]. Submuscular Transposition Quality studies 121, 122 are available on submuscular transposition. Submuscular transposition has not been shown to be beneficial. This surgical option for this problem is high cost, invasive, and has side effects. Thus, submuscular transposition is not recommended [Evidence (C), Recommended Against]. Anterior Transposition Quality studies 118, 119, 120 are available on anterior transposition for chronic ulnar nerve entrapment at the elbow. Studies show that while effective, the complication rate is higher than for simple decompression. Surgical options for this problem are high cost, invasive, and have side effects. Yet, in well-defined but infrequent cases that include positive electrodiagnostic studies with objective evidence of loss of function where at time of attempted decompression, indications are felt to be present necessitating anterior transposition, this may be a reasonable option. Thus, subject to these caveats, anterior transposition is recommended [Insufficient Evidence (I), Recommended]. Therefore, based on these recommendations an anterior transposition may be indicated during surgical evaluation. However, submuscular transposition is not recommended which is consistent with the UR and its modified certification. Therefore, the procedure is not medically necessary. Surgery is indicated but not submuscular treatment.