

<b>Case Number:</b>	CM15-0027188		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/25/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Illinois, California, Texas  
 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 52-year-old female who sustained an industrial injury on 5/25/11, relative to repetitive use. The 11/30/12 electrodiagnostic study findings were consistent with bilateral moderately severe carpal tunnel syndrome and possible cubital tunnel syndrome. The patient underwent left carpal tunnel surgery on 5/10/12 and 8/7/13, and right carpal tunnel release on 2/5/14. The 12/16/14 treating physician report cited pain in the left elbow with numbness in the right and left little fingers. The physical exam revealed tenderness over the ulnar nerve and medial cubital tunnel. The treating physician requested left elbow cubital tunnel release, ulnar nerve release. The 1/5/15 treating physician report indicated that the patient had bilateral elbow and wrist pain, stiffness, weakness, and numbness. She had increased color changes, burning, palm dryness, and hot/cold in the hands with a diagnosis of rule-out complex regional pain syndrome both hands. The treatment plan recommended a bone scan of both hands, psychological evaluation, and left elbow surgery. The 1/21/15 utilization review non-certified a request for left elbow cubital tunnel release, ulnar nerve release, based on lack of documentation indicating the injured worker had failed recent conservative care, including full compliance with therapy, use of elbow pads, and/or work station changes. The California MTUS ACOEM Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left elbow cubital tunnel release, ulnar nerve release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36-37.

**Decision rationale:** The California MTUS guidelines state that 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. Absent findings of severe neuropathy such as muscle wasting, at least 3-6 months of conservative care should precede a decision to operate. Guideline criteria have not been met. The patient presents with bilateral elbow and wrist pain with tenderness over the cubital tunnel. There was electrodiagnostic evidence in 2012 of possible cubital tunnel syndrome. Clinical exam findings are limited to tenderness over the cubital tunnel, there is no sensory exam or provocative testing documented. The patient is currently reporting symptoms consistent with bilateral upper extremity complex regional pain syndrome and is pending additional work-ups. Detailed evidence of up to 3 to 6 months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.