

<b>Case Number:</b>	CM15-0057165		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Sports 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 42-year-old female, who sustained an industrial injury on 07/22/2009. The mechanism of injury was not provided. She has reported subsequent wrist and neck pain and was diagnosed with cubital tunnel syndrome, carpal tunnel syndrome, neck pain and cervical radiculitis. Treatment to date has included oral pain medication, cortisone injection, therapy and bilateral carpal tunnel releases. The electrodiagnostic studies on 11/07/2013 indicated the injured worker carpal tunnel syndrome. In a progress note dated 02/10/2015, the injured worker complained of numbness and tingling of the ulnar distribution on the left side with some numbness to the index finger and thumb. Objective findings were notable for positive Tinel's sign over the cubital tunnel and positive elbow flexion test. The physician noted that the injured worker had exhausted all conservative care for the cubital tunnel condition and requests for authorization of left endoscopic cubital tunnel release, possible ulnar nerve transposition, 10 sessions of post-operative occupational therapy of the left wrist and 1 peri-operative lab including CBC were submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Endoscopic, Possible Open, Cubital Tunnel Release: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for patients who have significant limitations of activity for more than 3 months, a failure to improve in an exercise program to increase range of motion and strengthen the musculature around the elbow, or who have clear clinical and electrophysiologic evidence of a lesion that has been show to benefit in both the short and long term from surgical repair. For the treatment of ulnar nerve entrapment, cubital tunnel, there should be documented of a failure of conservative care including full compliance therapy, which includes the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing at night by prevent preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to provide documentation of the duration of conservative care. There was a lack of documentation of a failure of full compliance therapy, including the use of elbow pads, removing opportunities to rest the elbow groove, work station changes and avoiding nerve irritation at night by prolonged elbow flexion while sleeping. Additionally, the diagnostic studies failed to indicate the injured worker had cubital tunnel syndrome. Given the above, the request for 1 left endoscopic, possible open, cubital tunnel release is not medically necessary.

**Possible Ulnar Nerve Transposition:** 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, Elbow.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-47.

**Decision rationale:** The ACOEM Guidelines indicate that a surgical consultation may be appropriate for patients who have significant limitations of activity for more than 3 months, a failure to improve in an exercise program to increase range of motion and strengthen the musculature around the elbow, or who have clear clinical and electrophysiologic evidence of a lesion that has been show to benefit in both the short and long term from surgical repair. For the treatment of ulnar nerve entrapment, cubital tunnel, there should be documented of a failure of conservative care including full compliance therapy, which includes the use of elbow pads, removing opportunities to rest the elbow on the ulnar groove, work station changes if applicable, and avoiding nerve irritation at night by preventing at night by prevent preventing prolonged elbow flexion while sleeping. The clinical documentation submitted for review failed to provide documentation of the duration of conservative care. There was a lack of documentation of a failure of full compliance therapy, including the use of elbow pads, removing opportunities to rest the elbow groove, work station changes and avoiding nerve irritation at night by prolonged elbow flexion while sleeping. Additionally, the diagnostic studies failed to indicate the injured

worker had cubital tunnel syndrome. The decision for an ulnar nerve transposition would be decided intraoperatively. As the surgical intervention was not medically necessary, this portion of the surgery is not medically necessary. Given the above, the request for possible ulnar nerve transposition is not medically necessary.

**Post-Operative Occupational Therapy (10-sessions for left wrist): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Per-Operative Lab to include CBC: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.