

<b>Case Number:</b>	CM14-0142139		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old male with a 3/25/13 date of injury, and right elbow lateral epicondyle debridement and cubital tunnel release on 11/14/13. At the time (7/21/14) of request for authorization for Tenotomy, left elbow, lateral or medial debridement, soft tissue and/or bone, open with tendon repair or reattachment, neuroplasty and/or transposition ulnar nerve at elbow, 12 Visits of Occupational Therapy, and Heel bow splint, there is documentation of subjective (left elbow pain radiating to the wrist and hand) and objective (no instability and swelling noted) findings, electrodiagnostic studies (reported EMG/NCV (unspecified date) revealed no evidence of a left upper extremity cervical radiculopathy, plexopathy, myopathy, or isolated median or ulnar neuropathies; report not available for review), current diagnoses (cubital tunnel syndrome and lateral epicondylitis), and treatment to date (medications, home exercise program, and occupational therapy). Regarding tenotomy and transposition of ulnar nerve, there is no documentation of objective findings consistent with ulnar neuropathy; positive electrodiagnostic studies; and subluxation of the ulnar nerve on ROM (range of motion) of the elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tenotomy, left elbow, lateral or medial debridement, soft tissue and/or bone, open with tendon repair or reattachment, neuroplasty and/or transposition ulnar nerve at elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-06. Decision based on Non-MTUS Citation ODG Elbow Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Surgery for Cubital Tunnel Syndrome (Ulnar Nerve Entrapment)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of positive electrodiagnostic studies with objective loss of function and lack of improvement with conservative care, as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. ODG identifies documentation of subjective/objective findings consistent with ulnar neuropathy, significant activity limitations, delayed NCV (nerve conduction velocity), and failure of conservative treatment (exercise, activity modification, medications, and pad/splint for a 3 month trial period), as criteria necessary to support the medical necessity of simple decompression of the ulnar nerve. In addition, ODG identifies documentation of subluxation of the ulnar nerve on ROM of the elbow, as criteria necessary to support the medical necessity of ulnar nerve transposition. Within the medical information available for review, there is documentation of diagnoses of cubital tunnel syndrome and lateral epicondylitis. In addition, there is documentation of failure of conservative treatment (medications, home exercise program, and occupational therapy). However, despite documentation of subjective (left elbow pain radiating to the wrist and hand) findings, and given documentation of objective (no instability and swelling noted) findings, there is no documentation of objective findings consistent with ulnar neuropathy. In addition, given documentation of electrodiagnostic findings (no evidence of a left upper extremity cervical radiculopathy, plexopathy, myopathy, or isolated median or ulnar neuropathies), there is no documentation of positive electrodiagnostic studies. Furthermore, there is no documentation of subluxation of the ulnar nerve on ROM of the elbow. Therefore, based on guidelines and a review of the evidence, the request for Tenotomy, left elbow, lateral or medial debridement, soft tissue and/or bone, open with tendon repair or reattachment, neuroplasty and/or transposition ulnar nerve at elbow is not medically necessary.

**12 Visits of Occupational Therapy:** 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.

**Heel bow splint:** 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.