

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009
(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the manipulation under anesthesia requested **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/11/2013 disputing the Utilization Review Denial dated 3/14/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/25/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the manipulation under anesthesia requested **is not medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the Primary Treating Physician's Progress Report (PR-2) dated 5/10/13. There was no clinical summary present on the utilization review denial/modification dated March 14, 2013.

"The claimant is a 54 year-old, right hand dominant male who slipped and fell onto his left elbow while working on 01/10/13. He was diagnosed with a comminuted and displaced fracture of the proximal ulnar and radial head on the left. On 01/22/13 he underwent an open reduction internal fixation and closed treatment of the left radial head. On 03/15/13 he underwent a manipulation under anesthesia. Preoperative passive motion was: extension minus 50, flexion 60 degrees, supination 10 degrees and pronation full. Manipulation was performed and was able to obtain full extension and 140 degrees flexion. Gentle supination was applied obtaining 80 degrees of supination. X-rays in the recovery room showed an intra-articular fracture at the radial head. Internal fixation device stabilized the proximal ulna fracture. Dr. [REDACTED] saw the claimant postoperatively on 03/25/13. He was doing well and was back to modified work. He was to start therapy on 03/26/13. Examination of the left elbow showed a healed incision without drainage or signs of infection. There was no tenderness to palpation. Range of motion was minus 35-80 degrees, pronation 80 degrees and supination 30 degrees. X-rays showed the hardware in good position; screws interosseous and extraarticular. The fracture was reduced and healed in acceptable alignment. Range of motion with physical and occupational therapy and a JAS splint were recommended. Dr. [REDACTED] saw the claimant on 03/29/13 reporting constant pain of the left elbow and arm with frequent numbness of the left arm/forearm. His pain impacted his general activity, ability to concentrate, activities of daily living, work, sleep and ability to interact with others. He was working with an assistant not his usual job and had increased symptoms. He was taking Vicodin. Range of motion of the left elbow was extension 30 degrees, flexion 70 degrees and pronation and supination 30 degrees. There palpable tenderness of the left medial epicondyle. Sensation to fine touch and

pinprick was decreased in the medial aspect of the left forearm and about the left biceps. Grip strength was decreased in the left hand at -4/5; proximal muscles of upper extremities were -5/5. EMG/NCV studies of the upper extremities, an MRI of the left elbow, Cyclobenzaprine, Tramadol and home stretching exercises were recommended.

“Dr. [REDACTED] saw the claimant on 04/11/13 for ongoing pain and swelling. It was noted that there was consideration for manipulation under anesthesia of the elbow. He was noted to have had 1 therapy session thus far. He reported noncompliance with the current restrictions. Examination of the left elbow showed swelling, positive tenderness to palpation and decreased pronation and supination. Flexion and extension strength were 5/5. Ibuprofen and return to work modified duty with no use of the left upper extremity through 05/11/13 were recommended. Dr. [REDACTED] re-evaluated the claimant on 04/19/13 for reports of constant pain and numbness of the left elbow and arm, headaches and neck pain and depression and anxiety. Examination of the left elbow showed extension 30 degrees, flexion 70 degrees, pronation and supination 30 degrees. There was palpable tenderness of the left medial epicondyle. Sensation to fine touch and pinprick was decreased in the medial aspect of the left forearm and about the left biceps. Grip strength was decreased on the left hand at -4/5; the proximal muscles of the upper extremities was -5/5. Status post surgery for fracture left olecranon process/head of radial head with residual pain, numbness and weakness of the left arm were diagnosed. It was noted that he was scheduled for EMG/NCV studies. Continuation of Cyclobenzaprine and Tramadol, home stretching exercises, daily aquatic therapy daily basis, deep breathing meditation as relaxation technique and work restrictions were recommended. On 04/22/13 the claimant was seen again by Dr. [REDACTED] and was noted to be working on range of motion. He had been to therapy once. He did not have the JAS splint. There were no gross motor or sensory deficits. Extension/flexion was 30-80 degrees, supination 10 degrees and pronation 80 degrees. X-rays of the left elbow showed interosseous and extra-articular screws. The fracture was reduced and healed in acceptable alignment. Range of motion exercises, therapy and Dynasplint were recommended. The potential sequelae was discussed including but not limited to surgical treatment if fracture pattern changes, deformity, stiffness, post-traumatic arthrosis and pain. A therapy report dated 04/23/13 noted left elbow motion 38-86 degrees. The therapist noted improved tolerance to treatment and improved motion in the elbow. It was noted that he did well with manual therapy and had a high pain tolerance. Continuation of therapy was recommended. Dr. [REDACTED] saw the claimant again on 05/10/13. He was noted to have had 3 sessions of therapy so far. It was noted that a Dynasplint was ordered. The claimant complained of lack of motion in the elbow. Left elbow pain was 7/10 and constant. Examination of the left elbow showed no redness or swelling. There was no tenderness to palpation. Range of motion was: extension/flexion 30-80 degrees, supination 10 degrees and pronation 80 degrees. Cubital tunnel Tinel was negative. Flexion and extension strength were 5/5. There were no sensory deficits in the median, radial or ulnar nerve distribution. Stiffness of the elbow joint and a history of medical noncompliance were diagnosed. He was to follow-up with an orthopedic surgeon and return to modified duty through 06/10/13 with no use of the left upper extremity.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 4/11/13)
- Utilization Review Determination from [REDACTED] (dated 3/14/13)
- Medical Records from [REDACTED] (dated 1/10/13 – 5/10/13)
- Change of Primary Treating Physician letter from [REDACTED] M.D., Q.M.E. (dated 3/29/13)
- American College of Occupational and Environmental Medicine (ACOEM) guidelines, 2004, 2nd Edition, Chapter 9 – Shoulder Complaints, which is part of the California Medical Treatment Utilization Schedule (MTUS)
- Official Disability Guidelines (ODG) (2009), Elbow Chapter, Manipulation under Anesthesia (MUA)

1) Regarding the request for manipulation under anesthesia:**Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) (2009), Elbow Chapter, Manipulation Under Anesthesia (MUA), which is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer determined that the California Medical Treatment Utilization Schedule (MTUS) does not apply to the employee's requested treatment. The Professional Reviewer based his/her decision on the ODG section used by the Claims Administrator.

Rationale for the Decision:

The employee underwent an open reduction internal fixation and closed treatment of the left radial head on 01/22/13. The employee underwent a manipulation under anesthesia (MUA) on 03/15/13. After the MUA, the employee's motion was functional and full. However, the employee's motion has since decreased.

The ODG does not recommend MUA. Specifically, ODG indicates that there are no quality studies that support MUA and in a case series, outcomes for stiff elbow are not shown to be better than the natural history of the condition. The requested manipulation under anesthesia is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.