MAXIMUS Federal Services

Case Number:	CM13-0014643		
Date Assigned:	10/07/2013	Date of Injury:	07/16/2012
Decision Date:	02/11/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

The claimant is a 30-year-old female who was injured in a work related accident on July 16, 2012. Records indicate a November 5, 2013 assessment with [redacted] indicating continued complaints of pain about the elbow. He indicates that the claimant was initially treated with conservative measures. Following conservative measures of April 29, 2013, left elbow open plica excision with debridement of the proximal radial and ulnar joint took place. He indicates that the claimant is with the continued complaint of a popping sensation with examination showing 8 to 105 degrees range of motion stating two prior MRI scans were for review, the first showing "lateral ligament damage" and the second "not showing ligament damage". He states that x-rays demonstrated posterior subluxation of the radial head. Given the claimant's ongoing complaints, recommendations were for a second surgical process in the form of arthroscopy with "repair reconstruction" of the posterior lateral ligaments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow arthroscopy with repair/reconstruction posterolateral ligaments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) (2007 revised), pgs. 34-36..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on the 1992 Jan;74(1):84-94. Arthroscopy of the elbow. Diagnostic and therapeutic benefits and hazards. O'Driscoll SW, Morey BF. Department of Orthopaedic Surgery, Mayo Clinic, Rochester, Minnesota 55905.

Decision rationale: : Based on Orthopedic Literature Review as MTUS and Official Disability Guideline criteria are silent regarding the role of elbow arthroscopy, surgical process in this case cannot be supported. The clinical records indicate that the claimant had previously undergone an open elbow procedure in April of 2013. At present there is inconclusive evidence from treating physician describes as conflicting reports of imaging that is not formally available for review. It would be unclear as to what functional gain would be indicated based on a second surgical process in this claimant who is recovering from recent April 2013 procedure. The request in this case based on lack of concrete evidence of objective findings on examination or imaging findings demonstrating internal derangement would not be supported.

Assistant surgeon is not medically necessary and appropriate: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th edition: assistant surgeon. Assistant Surgeon Guidelines (Codes 29355 to 29901) CPTÂ® Y/N Description. 29830 N Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure). 29834 N Arthroscopy, elbow, su

Decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon would not be indicated as the role of operative intervention has not been established.

. Post-op physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Rehabilitative Guidelines would not support the role of postoperative physical therapy as the surgical process has not been supported.

Post-op pain medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: MTUS Postsurgical Rehabilitative Guidelines would not support the role of postoperative physical therapy as the surgical process has not been supported.