

<b>Case Number:</b>	CM13-0019176		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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:

The claimant is a 48-year-old gentleman who sustained a right elbow injury as a result of a March 15, 2013, work related accident. This was an impact injury resulting in a contusion and diagnosis of olecranon bursitis. Clinical records available for review include a recent orthopedic report dated July 10, 2013, documenting that the claimant experienced symptom improvement until the prior few days, at which time he developed significant swelling over the elbow. Physical examination showed moderate effusion of the olecranon bursa with tenderness to palpation but no erythema or drainage. Range of motion of the elbow was full. The treating physician diagnosed right olecranon bursitis, and 15 cc of clear synovial fluid was aspirated. There is no documentation of an injection having been performed. Surgical intervention in the form of olecranon bursectomy was recommended. Upon follow-up on July 31, 2013, there was continued effusion noted, and an additional 15 cc of clear synovial fluid was removed. Following the second aspiration, an October 23, 2013, note documents continued symptomatic olecranon bursitis and examination findings of a moderately large effusion, mild tenderness with no erythema or drainage. Due to the lack of substantial benefit or improvement from the prior aspirations, an olecranon bursectomy was recommended. There is a retrospective request for the olecranon bursectomy that occurred on November 19, 2013, as well as for 12 session of postoperative physical therapy and the use of a cryotherapy unit post-surgically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT OPEN OLECRANON BURSECTOMY-RIGHT ELBOW:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG ELBOW CHAPTER, SURGERY FOR OLECRANON BURSITIS

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: elbow procedure - Surgery for olecranon bursitis

**Decision rationale:** According to California ACOEM Guidelines addressing surgical referral for elbow injury and to the Official Disability Guidelines, the request for olecranon bursectomy in this case would have been recommended as medically necessary. The claimant presented with traumatic olecranon bursitis after contusion to the area. Clinical records documented a significant course of conservative care, including at least two aspirations. The claimant's symptoms did not respond favorably with continued fluid collection and effusion. The need for surgical intervention based on failed conservative measures and continued recurrent symptoms are medically necessary.

**12 POST-OPERATIVE PHYSICAL THERAPY SESSIONS 2X6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Elbow Chapter, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on California MTUS Guidelines addressing postsurgical rehabilitation, 12 sessions of postoperative physical therapy would have been supported. Careful review of the claimant's operative report indicates that a triceps tendon repair due to calcified triceps tendon was performed. The 12 sessions of physical therapy given the nature of the surgical intervention are medically necessary

**POST-OPERATIVE DME: CRYO UNIT 7 DAY RENTAL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG SHOULDER CHAPTER, CONTINUOUS FLOW CRYOTHERAPY

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 10, 38.

**Decision rationale:** California ACOEM Elbow Guidelines would not have supported the use of cryotherapy devices in this case. While the ACOEM Guidelines support the application of cold for the first few days following acute complaints, the use of a cryotherapy unit to deliver that therapy are not medically necessary and appropriate.