MAXIMUS Federal Services

Case Number:	CM13-0044976		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2001
Decision Date:	02/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 patient is a 63-year-old female who was injured in a work related accident on 08/09/01. The clinical records provided for review included an assessment on 09/27/13 by [redacted] that documented that the claimant recently stopped smoking stating the need for revision procedure to the right elbow. It was documented that the claimant was status post right total elbow arthroplasty but ultimately removed secondary to infection. There was a recommendation for reimplantation surgery. Specific to the surgery in question, there is a request for an assistant surgeon as well as the postoperative use of a cryotherapy device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines.

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.

Decision rationale: Based on Milliman Care Guidelines as California MTUS ACOEM Guidelines are silent, the request for an assistant surgeon in this revision total elbow implantation

would appear warranted Milliman Guidelines do support the role of an assistant surgeon for a total elbow replacement and also for revision total elbow replacement, which is being considered in this case. This specific request would appear medically necessary.

Cold therapy unit (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Forearm, Wrist and Hand Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 596. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter knee: Continous Flow Cryotherapy.

Decision rationale: Based on California ACOEM 2004 Guidelines, the request for cryotherapy devices for the elbow is recommended following epicondylar release, both medially and laterally for short term use. Further review of the Official Disability Guidelines criteria, ODG typically recommends no more than seven days including home use for any surgical process. The specific request in this case fails to demonstrate specific indication of timeframe for use or if a rental or purchase of the device is being indicated. The lack of the above parameters would fail to necessitate its postoperative use at this time.