

Case Number:	CM13-0053051		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2012
Decision Date:	05/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pennsylvania. 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 30-year-old male who was injured in a work related accident on April 26, 2012. This incident was secondary to a motor vehicle accident, which resulted in what the records describe as "near complete amputation of the right arm." The claimant's history includes a January 22, 2013, right osteoectomy and removal of radial head fragments, as well as right olecranon removal of painful hardware. An operative report dated March 13, 2013, notes that the claimant underwent an extensive right elbow contracture and scar release with a right radial head implant arthroplasty to treat injuries diagnosed preoperatively as right radial head dislocation secondary to chronic Monteggia fracture. Records available for review include an August 1, 2013, orthopedic assessment describing continued complaints of elbow pain with paresthesias to the right arm and difficulty sleeping. Objective findings include healed full thickness grafting with good finger and wrist motion and a remodeling surgical scar on the posterior aspect of the forearm. Recommendation was made for scar revision and flap contouring. Further clinical documentation of examination findings is not noted. This request is for excision of the right arm contracture with revision flap complex wound closure.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION OF RIGHT ARM CONTRACTURE WITH REVISION OF FLAP WITH COMPLEX WOUND CLOSURE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ann Plast Surg. 2012 Dec

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Inpatient and Surgical Care 16th Edition

Decision rationale: The MTUS Chronic Pain, ACOEM, and Official Disability Guidelines do not contain criteria relevant to this case. A literature review for scar revision in the Milliman Care Guidelines recommends that the requested surgical intervention would not be medically indicated. The clinical documents available for review do not include physical examination findings related to range of motion or other findings that would support the need for a revision scar procedure and wound closure. The last clinical assessment, dated August 2013, noted healing of the full thickness graft. Though the claimant was noted to have had significant trauma from the initial injury, the acute need for surgical intervention at this time was not established in the records provided for review. The request is not medically necessary and appropriate.