

Case Number:	CM13-0057538		
Date Assigned:	12/30/2013	Date of Injury:	04/24/2000
Decision Date:	05/20/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

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 67-year-old gentleman who was injured on April 24, 2000. Recent clinical records for review from October 29, 2013, indicates that the claimant has a diagnosis of status post right elbow supracondylar fracture, with open reduction internal fixation performed in 2000, with persistent pain and discomfort over the olecranon bursa. The plain film radiographs on that date, revealed a well healed surgical process, adequate position of hardware, and a well-healed olecranon fracture. An examination showed 5 to 125 degrees range of motion with tenderness over the cubital tunnel and incisional area. Given the claimant's continued complaints, hardware removal was recommended for further intervention. There was no documentation of conservative care measures in regards to the elbow over the past year. Further clinical records are not supportive of the claimant's elbow-related complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow hardware removal: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; WORK LOSS DATA INSTITUTE; WWW.ODG-TWC.COM; SECTION: FOREARM, WRIST & HAND (ACUTE & CHRONIC) (UPDATED 5/8/2013)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKER'S COMPENSATION, 18TH EDITION, 2013 UPDATES: FOREARM, WRIST, HAND PROCEDURE - HARDWARE IMPLANT REMOVAL (FRACTURE FIXATION)

Decision rationale: The MTUS/ACOEM Guidelines indicate that the referral for surgical consultation may be indicated for patients who have: Significant limitations of activity for more than 3 months; Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or Clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The Guidelines also indicate that emergency consultation is reserved for patients who require drainage or aspiration of acute septic effusions, ruptures, such as biceps, infected hematomas and/or drainage of infected bursitis, or who have severe acute nerve impingement. The Official Disability Guidelines do not recommend the routine removal of hardware implanted for fracture fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. At present, there is no clear clinical correlation between the claimant's hardware and current pain complaints. The hardware appears to be well seated in a fracture that is now fourteen (14) years from surgery. In the absence of documented malfunction or failed hardware, there would be no acute indication for hardware removal based on the claimant's physical exam findings alone. The specific request for surgical process would not be supported.