

Case Number:	CM13-0058334		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2011
Decision Date:	05/22/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/26/2013

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 patient is a 51-year-old female who sustained an injury to the elbow in a work related accident on 05/21/11. The clinical records provided for review included a 07/05/13 orthopedic progress report noting ongoing complaints of pain in the elbow aggravated with activity. Current treatment was documented as heat, ice, and narcotics. Physical examination showed diminished grip strength, aggravated pain at the lateral epicondyle to palpation, pain with hyperextension with motion to 150 degrees of flexion and "a couple degrees" of extension with limited pronation and supination. The progress report documented that the claimant was status post right extensor flexor tendon and lateral collateral ligament repair with ulnar nerve transposition with residual inflammatory symptoms. Postoperative MRI report of the right elbow dated 09/12/13 showed a small effusion with mild inflammatory tendinosis of the common flexor tendon and partial tearing of the extensor insertion. The recommendations were for a left elbow arthroscopy and loose body removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW SCOPE DEBRIDEMENT- LOOSE BODY RESECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless' Textbook for Orthopedics Online: Elbow Arthroplasty Section.

Decision rationale: The California MTUS Guidelines as well as Official Disability Guidelines criteria are silent. When looking at current orthopedic literature in Wheelless, the request for right elbow arthroscopy with a loose body resection would not be indicated. While the claimant continues to have discomfort, the most recent clinical assessment including MRI report failed to demonstrate any evidence of internal derangement or significant impinging loose body that would require debridement or arthroscopic procedure. The specific surgical request in this case would not be medically necessary at this time.

POST-OPERATIVE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR EIGHT (8) WEEKS TO THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE SLING FOR THE RIGHT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST-OPERATIVE CTU- ICE MACHINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PERCOCET TRIPLICATE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

KEFLAX 500 MG #28: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PHENERGAN 25 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LIDOCAINE PATCH 5% #80: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.