

Case Number:	CM13-0069723		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2008
Decision Date:	05/06/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/23/2013

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 Orthopaedic 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 patient is a 47-year-old gentleman who was injured in a work related accident on 02/21/08. The clinical records indicate an injury to the right elbow. The most recent clinical report for review is a 08/13/13 handwritten progress report indicating the claimant is with ongoing complaints of pain about the right elbow and neck. Physical examination findings were only noted to the neck. Examination to the elbow as not documented. A previous assessment of 05/14/13 with [REDACTED] indicated complaints of pain about the right elbow stating that the claimant has undergone extensive medical treatment including two prior ulnar nerve release procedures, the second of which being a transposition. The current findings were that of complaints of pain with heavy lifting. Physical examination to the elbow showed positive well healed scar with tenderness diffusely and restricted from range of motion 20 to 140 degrees. Formal imaging findings were not noted at that time. Based on the claimant's failed conservative measures, recommendations were for a right elbow arthroscopy with excision of proximal spurring as well as postoperative use of Norco, the need of an assistant surgeon, and 12 sessions of postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for use Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of Norco for postoperative use in this case as the need for operative intervention has not been established. The lack of need for operative intervention would fail to necessitate the role of this short acting narcotic analgesic.

ASSISTANT SURGEON: 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.

RIGHT ELBOW ARTHROSCOPY OF PROXIMAL SPUR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Surgery for olecranon bursitis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wheelless Textbook of Orthopedics, elbow Arthroscopy.

Decision rationale: California ACOEM Guidelines and Official Disability Guidelines criteria are silent. When looking at Orthopedic Literature Review, the role of elbow arthroscopy in this case cannot be supported. The current clinical findings do not indicate imaging. The lack of imaging would fail to necessitate the role of operative arthroscopy for both diagnostic or therapeutic purposes. No indication of internal surgical pathology or lesion would fail to necessitate the role of the surgical arthroscopy being requested.

POST-OPERATIVE PHYSICAL THERAPY SESSIONS, FOR 12 VISITS: 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.