MAXIMUS Federal Services

Case Number:	CM14-0101701		
Date Assigned:	07/28/2014	Date of Injury:	08/16/2012
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 43 year old male who sustained an industrial injury on 8/16/2012, when a coworker hit his right elbow with a hammer. The patient is status post right lateral epicondylectomy, secondary repair of extensor origin, muscle tendon transfer for coverage of right lateral epicondyle, lateral elbow arthrotomy and synovecomy, right carpal tunnel release, right ulnar nerve decompression, and neurolysis of the right median nerve, performed on 1/29/2014. He has attended post-operatvie PT. The PTP PR-2 dated 5/29/2014 documents the patient is 4 months post op. His main complaints are swelling in the right palm and pain in the posterior elbow, over the olecranon bursa. Objective examination documents tenderness over the olecranon bursa and several loose bodies, only moderate tenderness over the right lateral elbow, and full range of motion. He also has positive Tinel's over the left median nerve at the wrist and positive Tinel's sign over the left ulnar nerve at the elbow. Listed diagnoses: 1. Loose bodies of the right olecranon bursa with pain; 2. Status post rigth lateral extensor origin; 3. Status post right carpal tunnel release; 4. Rotator cuff tendinitis; 5. Mild left carpal tunnel syndrome; 6. Mild right cubital tunnel syndrome. Recommendation is Right Elbow Olecranon Bursectomy. Medications dispensed are Voltaren 100mg twice per day and Menthoderm Gel. Patient is TTD status.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Olecranon Bursectomy: 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), Elbow chapter online edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgery for olecranon bursitis.

Decision rationale: The CA MTUS ACOEM guidelines state aseptic olecranon bursitis generally resolves without the need for surgery. Quality studies are not available on surgical treatment for aseptic olecranon bursitis and there is not evidence of its benefits. According to the Official Disabilities Guidelines, surgery for olecranon bursitis, bursectomy, is not recommended. Conservative treatment remains the treatment of choice for olecranon bursitis. The risk of wound healing problems and recurrence is high after surgical resection. Usually, no surgical intervention is required in cases of olecranon bursitis; however, very severe chronic cases may require bursectomy. Fortunately, most cases of olecranon bursitis respond to nonsurgical treatment. This patient is recently status post complex and extensive surgical intervention to the right elbow/forearm region. He has been attending post-operative PT. The medical records do not establish this patient has failed and exhausted non-operative care. The 1/29/2014 surgical report does not document loose bodies. An existence of a surgical lesion, presence of loose bodies on imaging study has not been revealed. The medical records do not establish this patient presents with very severe chronic bursitis condition. Per the guidelines, bursectomy is not recommended, and conservative/non-operative care is typically all that is required. The medical necessity of an olecranon bursectomy, a surgery not recommended by the evidence based guidelines, has not been established.