

Case Number:	CM14-0105422		
Date Assigned:	07/30/2014	Date of Injury:	03/18/2013
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 claimant is a 59 year old male with a reported industrial injury from 3/18/13. Exam note dated 3/31/14 demonstrates report of probable traumatic arthritis of the elbow with resolution of symptoms following Celestone injection. Exam note from 6/16/14 demonstrates complaint of persistent left elbow and right wrist pain. Examination demonstrates mild to moderate tenderness in the left elbow lateral compartment. Full range of motion is noted in all digits both hands, wrists and elbows. Diagnosis is made of traumatic arthritis of the left elbow. MRI left elbow demonstrates subacute intra-articular fracture through the left radial head with small to moderate sized joint effusion. There are degenerative changes noted involving the radiocapitellar and ulnotrochlear articulations. A request is made for left elbow radial head resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow radial head resection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Radial head fracture surgery.

Decision rationale: CA MTUS/ACOEM is silent on the issue of radial head resection. According to the ODG Elbow section, Radial head fracture surgery, radial head arthroplasty is recommended as a treatment for non-reconstructable, comminuted fractures of the radial head in order to achieve elbow stability and prevent secondary complications such as valgus elbow instability and radius proximalization. In this case, there is no evidence in the cited records if there is an Essex-Lopresti injury which would produce instability following a radial head resection. In addition, there is insufficient evidence in the records from 3/31/14 of failed nonsurgical management to warrant surgery for the affected elbow. Therefore, the determination is that the request is not medically necessary.

Pre-Operative Medical Clearance and Labs to include Chest X-ray and EKG: 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 Physical Therapy three times a week for four weeks for the left 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.