

Case Number:	CM14-0012017		
Date Assigned:	02/21/2014	Date of Injury:	04/12/2011
Decision Date:	07/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 04/12/2011. The mechanism of injury was not specifically stated. Current diagnoses include status post total knee arthroplasty, degenerative joint disease of the right knee, and bilateral elbow degenerative joint disease with osteoarthritis. The injured worker was evaluated on 01/02/2014. The injured worker reported persistent left elbow pain with difficulty grasping, turning, and lifting. Physical examination revealed 115 degree flexion, 20 degrees extension, 50 degree supination, full pronation, and crepitation. X-rays obtained in the office on that date indicated decreased joint height, sclerosis, osteophyte formation, and cystic changes in the proximal radioulnar joint. Treatment recommendations at that time included a left total elbow arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL ELBOW ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Total elbow replacement (TER).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, a failure to improve with exercise programs, and clear clinical and electrophysiologic or imaging evidence of a lesion. Official Disability Guidelines state indications for a total elbow replacement includes non-soft tissue-attached fragments, poor quality bone, unattainable osteosynthesis, severely comminuted intra-articular closed type C fractures, and in cases of degenerative joint disease and/or previous surgery in rheumatoid patients. The injured worker does not appear to meet criteria as outlined by the California MTUS/ACOEM Practice Guidelines and the Official Disability Guidelines for a total elbow replacement. There is no mention of an attempt at conservative treatment. There were also no imaging studies provided for review. Based on the clinical information received, the request is not medically necessary and appropriate.

3 DAY INPATIENT STAY: 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 med necessary, none of the associated services are medically necessary.

7 DAY EXTENDED CARE: 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 med necessary, none of the associated services are medically necessary.

12 VISITS POST OP PT: 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 med necessary, none of the associated services are medically necessary.