

<b>Case Number:</b>	CM14-0110817		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/06/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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:

Claimant is a 59 year old female claimant with reported industrial injury on 2/6/10 and is status post left elbow replacement on 10/1/13. Radiographs obtained on 6/16/14 demonstrates radiolucent line concerning for loosening of prosthesis. Exam note 6/16/14 demonstrates worsening of symptoms. Exam demonstrates 140 degrees of flexion, 40 degrees of extension, 80degrees of pronation and 70 degrees of supination. Exam note from 4/21/14 demonstrates left elbow radiographs are noted to be in good position. There is no evidence of heterotopicossification or other abnormal appearance around prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

**Preoperative Laboratory Tests:** 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.

**Preoperative Medical Clearance with History and Physical:** 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.

**Revision of Left Elbow Total Arthroplasty with Revision of Humeral Component and Intraoperative Cultures:** 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) Total elbow replacement.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of elbow replacement. According to the ODG, total elbow replacement is indicated for acute distal humeral fractures when strict inclusion criteria are observed. In this case the exam notes from 4/21/14 and 6/16/14 are contradictory for loosening. There is an incomplete workup for septic versus aseptic loosening. Therefore the requested treatment is not medically necessary.