

<b>Case Number:</b>	CM14-0129209		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	07/10/2002
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 59 year old female who was reportedly injured on 07/10/2002. The mechanism of injury not listed in the records reviewed. The injured worker reported elbow joint pain, swelling, stiffness, inability to straighten, unable to bend, clicking sensation and bone pain. Objective findings indicated tenderness on palpation at the lateral epicondyle of the elbow, at radiocapitellar aspect, at ulnartrochlear aspect and at medial epicondyle; pain elicited by wrist flexion but not extension; active elbow motion decreased and deteriorated by extension just past 90 degrees; full flexion with crepitance and discomfort at end pint and decreased on passive motion; and active extension decreased and deteriorated by 45 or more. X-rays of the elbow found narrowing joint space and significant anterior and posterior osteophytes noted along distal humerus. A request was made for one radial head excision with removal of osteophytes and capsular release and one x-ray of the elbow and was not certified on 08/06/2002.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radial head excision with removal of osteophytes and capsular release:** 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

**Decision rationale:** MTUS and Official Disability Guidelines do not directly address removal of the radial head in post-traumatic arthritis. However, the diagnosis of severe elbow arthritis in this case involves not only the radio-capitellar joint, but also the trochlear articular surface. Resection of the radial head would not address this component of the claimant's arthritis. Medical necessity is not established. Therefore, this request is not medically necessary.

**X-ray of the elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

**Decision rationale:** The California MTUS does not allow routine radiographic studies without red flags. The claimant has already had a computed tomography (CT) scan of the elbow and additional plain film imaging would not add clinically significant information. Medical necessity is not established. Therefore, this request is not medically necessary.