MAXIMUS Federal Services

Case Number:	CM14-0152683		
Date Assigned:	09/22/2014	Date of Injury:	12/18/2012
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/18/2014

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 26-year-old female who sustained a significant injury of the right elbow in a work-related accident on 12/18/12. The medical records provided for review documented that the claimant was diagnosed with a fracture of the right radial head. The report of a CT scan of the elbow dated 6/27/13 revealed severe osteoarthritic change of the right elbow with multiple intra-articular loose bodies. The progress report dated 8/8/14 noted continued right elbow complaints including symptoms of "locking up." Physical examination showed moderate tenderness diffusely with 20-30 degrees of flexion and supination. Plain film radiographs showed significant growth deformity at the radial head with intra-articular joint space narrowing and hypertrophic changes of the coracoid and olecranon process. There was documentation of advanced degenerative arthrosis with loose bodies. The recommendation at that time was for right elbow arthroplasty. This review is for an OK (Outerbridge Kashigawa) procedure to the claimant's right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow, Outerbridge Kashigawa (OK) arthoplasty: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, Elbow procedure - Total elbow replacement (TER)

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines and an Orthopedic Literature Review, the request for right elbow outerbridge kashigawa arthroplasty cannot be recommended as medically necessary. The OK procedure for elbow arthroplasty is typically reserved for individuals with mild to moderate osteoarthritic findings and not severe as noted in this case. Further, when looking at guideline criteria, elbow arthroplasty is typically excluded in individuals that are younger or who have a higher demand workload. While this individual is noted to have significant elbow deformity dating back to the time of fracture, she is a 26-year-old individual with advanced degenerative arthritis of the elbow. Given her young age and advanced clinical findings, the specific procedure in question cannot be supported as medically necessary.