

Case Number:	CM14-0166841		
Date Assigned:	10/14/2014	Date of Injury:	09/28/2011
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Orthopaedic 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 patient is a 45 year old female who was injured on 09/28/2011. The mechanism of injury is unknown. Progress report dated 06/20/2014 noted the patient to have right elbow pain with limited range of motion and weakness. She also complained of limited inflammation. Objective findings on exam revealed tenderness to palpation of the lateral epicondyle with pain on range of motion. The patient is diagnosed with right elbow lateral epicondyle loose body and rule out elbow tear. It is noted that the patient had an MRI of the right elbow, which revealed postsurgical changes of the common extensor tendon attachment with no evidence of recurrent tear. There are no other studies submitted for review validating there is loose body of the right elbow. Prior utilization review dated 09/19/2014 states the requests for Right Elbow Loose Body Removal; Pre-Op Physical Clearance; UA, CBC, Chem 7, H&P; And Post-Operative Physical Therapy; Two Times a Week For Six Weeks (2x6) are denied as the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW LOOSE BODY REMOVAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238-239.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) guidelines per California MTUS indicate surgery may be appropriate when there is "clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The provider indicates the MRI of the patient's right elbow shows a loose body; however, there is no objective evidence of the presence of a right elbow loose body documented on the official MRI report dated 09/08/14. As there is no clear imaging evidence of a lesion in the right elbow. Therefore the request for Right elbow loose body removal is not medically necessary based on guidelines and lack of documentation.

PRE-OP PHYSICAL CLEARANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 603-606.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) guidelines per California MTUS indicate surgery may be appropriate when there is "clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The provider indicates the MRI of the patient's right elbow shows a loose body; however, there is no objective evidence of the presence of a right elbow loose body documented on the official MRI report dated 09/08/14. As there is no clear imaging evidence of a lesion in the right elbow. Therefore the medical necessity for: Pre-op physical clearance has not be established because the sugery is not medically necessary.

UA, CBC, CHEM 7, H&P: 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 CBC:
http://www.medicinenet.com/complete_blood_count/article.htm CHEM 7:
<http://labtestsonline.org/understanding/analytes/bmp/tab/test/> UA:
<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>
<http://labtestsonline.org/>

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) guidelines per California MTUS indicate surgery may be appropriate when there is "clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The provider indicates the MRI of the patient's right elbow shows a loose body; however, there is no objective evidence of

the presence of a right elbow loose body documented on the official MRI report dated 09/08/14. As there is no clear imaging evidence of a lesion in the right elbow. Therefore the medical necessity for: UA, CBC, CHEM 7, H&P have not be established because the surgery is not medically necessary.

POST-OPERATIVE PHYSICAL THERAPY; TWO TIMES A WEEK FOR SIX WEEKS (2X6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19-22.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) guidelines per California MTUS indicate surgery may be appropriate when there is "clear clinical and electrophysiologic, or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." The provider indicates the MRI of the patient's right elbow shows a loose body; however, there is no objective evidence of the presence of a right elbow loose body documented on the official MRI report dated 09/08/14. As there is no clear imaging evidence of a lesion in the right elbow. Therefore the medical necessity for: Post-operative physical therapy; two times a week for six weeks (2x6) have not be established because the surgery is not medically necessary.