

Case Number:	CM14-0179366		
Date Assigned:	11/03/2014	Date of Injury:	09/30/2013
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 49 year old individual who was injured at work on 09/30/2013. The injured worker is reported to be complaining of worsening pain in the right elbow that disturbs the sleep. The physical examination revealed limited range of motion and tenderness of the right elbow. The worker has been diagnosed of loosening of the radial head prosthesis, post-traumatic postoperative contracture right elbow, heterotrophic ossification right elbow, right elbow lateral condyle capitulum, radial head fracture and elbow arthralgia. Treatments have included Tylenol-codeine, Dynasplint; Physical therapy; home exercise program; open reduction and internal fixation of right humerus capitulum intra-articular fracture, right lateral collateral ligament repair, right elbow manipulation under anesthesia, and right elbow open capsular release on 12/13/13. At dispute are the requests for Surgical Assistant/Doctor for Proposed Surgery; post-operative cold flow unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Assistant/Doctor for Proposed Surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Pain, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Surgical assistant.

Decision rationale: The injured worker sustained a work related injury on 09/30/2013. The medical records provided indicate the diagnosis of loosening of the radial head prosthesis, post-traumatic postoperative contracture right elbow, heterotrophic ossification right elbow, right elbow lateral condyle capitulum, radial head fracture and elbow arthralgia. Treatments have included Tylenol-codeine, Dynasplint; Physical therapy; home exercise program; open reduction and internal fixation of right humerus capitulum intra-articular fracture, right lateral collateral ligament repair, right elbow manipulation under anesthesia, and right elbow open capsular release on 12/13/13. The medical records provided indicate a medical necessity for surgical assistant/doctor for proposed surgery. The MTUS is silent on surgical assistant, but the official Disability Guidelines recommends the use of Assistant surgeon for complex surgeries that requires the use of an assistant. The assistant surgeon can either be a physician or other health care professional; only one assistant surgeon for each procedure is a reimbursable service, except for teaching hospitals or hospital bylaw. Therefore, the official Disability recommends the use of an Assistant surgeon: such assistant can either be a physician or any other health care professional, example a surgical assistant. The requested treatment is therefore medically necessary and appropriate.

Post-Operative Cold Flow Unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Cold Packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Continuous-flow cryotherapy Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Elbow Complaints, page(s) Online Edition.

Decision rationale: The injured worker sustained a work related injury on 09/30/2013. The medical records provided indicate the diagnosis of loosening of the radial head prosthesis, post-traumatic postoperative contracture right elbow, heterotrophic ossification right elbow, right elbow lateral condyle capitulum, radial head fracture and elbow arthralgia. Treatments have included Tylenol-codeine, Dynasplint; Physical therapy; home exercise program; open reduction and internal fixation of right humerus capitulum intra-articular fracture, right lateral collateral ligament repair, right elbow manipulation under anesthesia, and right elbow open capsular release on 12/13/13. The medical records provided indicate a medical necessity for post-operative cold flow unit. Although the MTUS does not have a specific recommendation for or against post-operative cold flow unit, the MTUS recommends at-home applications of heat or cold packs for comfort in the management of elbow complaints. Additionally, the Official Disability Guidelines recommends 7 days use of the post-operative cold flow unit to decrease pain and swelling following surgery to the neck, shoulder, low back, ankle, and knee. Also, the

ACOEM guidelines 3rd edition recommends self-application of heat or cold for the treatment of acute, subacute, chronic, or post-operative lateral epicondylalgia. Therefore the request is medically necessary.