

<b>Case Number:</b>	CM14-0025191		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

This 54-year-old male law enforcement agent sustained an industrial injury on 10/3/13. The mechanism of injury was not documented. He was status post two elbow surgeries, one arthroscopic and one open. The 1/29/14 treating physician chart note cited severe pain, numbness and cramping in his hand and pain in his elbow. Sharp grade 5/10 elbow pain was reported with short-term use, slightly improved with rest. The patient was unable to perform work duties. Left upper extremity exam documented intact motor and sensation, range of motion 10-130 degrees, pain with terminal flexion/extension, normal pronation and supination, slightly subluxed ulnar nerve on flexion, tenderness over the medial cubital tunnel, decreased sensation in the ulnar digits, and intact biceps/triceps insertion. X-rays showed left elbow osteoarthritis. Conservative treatment included 3 months of physical therapy, anti-inflammatory medications, topical analgesics, and elbow bracing. The treatment plan recommended an arthroscopic osteocapsular arthroplasty of the left elbow. The 2/19/14 utilization review denied the request for left elbow arthroplasty based on an absence of guideline support and current clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ARTHROSCOPIC OSTEOCAPSULAR ARTHROPLASTY OF THE LEFT ELBOW:**

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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Arthroplasty Other Medical Treatment Guideline or Medical Evidence: Vincent JJ, Vandervoort AA, Macdermid JC. A literature synthesis indicates very low quality, but consistent evidence of improvements in function after surgical interventions for primary osteoarthritis of the elbow. *Arthritis*. 2013;2013:487615.

**Decision rationale:** The California MTUS does not address arthroplasty of the elbow. The Official Disability Guidelines provide specific criteria for arthroplasty for treatment of fractures. Arthroplasty was reported contraindicated in younger (<65 years), high-demand or non-complaint patients. Arthroscopic osteocapsular arthroplasty involves three-dimensional reshaping of the bones (i.e., removal of osteophytes), removal of any loose bodies, and capsulectomy to restore motion and function and to eliminate pain. Current peer-reviewed evidence indicated the quality of research addressing surgical interventions for primary elbow osteoarthritis is very low, including total elbow arthroplasty. However, the evidence concurs that open and arthroscopic joint debridement can improve function in patients with moderate-to-severe osteoarthritis of the elbow. Arthroplasty is reserved for treating severe joint destruction, mostly for elderly individuals with low physical demands when other intervention options have failed. Guideline and peer-reviewed criteria for surgery have not been met. This patient is a relatively young male with typically high physical job demands. There is some loss in flexion/extension, with intact motor strength. There is no evidence of loose bodies and no documentation of severe osteoarthritis on x-ray. Therefore, this request for arthroscopic osteocapsular arthroplasty of the left elbow is not medically necessary.