

Case Number:	CM14-0064470		
Date Assigned:	07/11/2014	Date of Injury:	01/17/2014
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 39-year-old male electronics technician sustained an industrial injury on 1/17/14. Injury occurred when he fell 20 feet off a boat to a concrete surface landing on the lateral aspect of his left elbow. He sustained a terrible triad fracture dislocation and rib fractures. He underwent an open reduction and internal fixation of the left coronoid, repair of the left lateral ulnar collateral ligament, and left radial head replacement on 1/21/14. The 4/23/14 left wrist x-ray report documented on-going healing of the triquetrum fracture, no yet completely united. The 4/23/14 left elbow x-ray report documented postsurgical changes about the left elbow including left radial head resection arthroplasty, without complication. There was heterotopic ossification about the elbow, especially anteriorly, which may result in reduced elbow flexion. The radial head arthroplasty was in good position without loosening. The 4/23/14 treating physician report indicated that the patient had been working on range of motion and has plateaued. He was pleased with elbow flexion and extension. Forearm rotation was considerably limited and functionally limiting for him. He was working with self-imposed limitations, especially as it related to forearm rotation. Left elbow exam documented minimal swelling and wounds were well healed. Elbow flexion was 140/120 degrees, extension to -30 degrees, pronation 60/50 degrees, and supination 90/0 degrees. The patient was doing reasonably well after his terrible triad fracture dislocation repair, complicated by early heterotopic calcification limiting range of motion particularly forearm rotation. The treatment plan recommended left elbow heterotopic ossification excision. The 5/1/14 utilization review denied the request for removal of deep implants and contracture of the left elbow based on inadequate length of time for healing and therapy. The 5/6/14 utilization review documented a peer-to peer discussion with agreement to a modification of the surgical request and approval of contracture release of the left elbow without

hardware removal. As the heterotopic ossification was mature, the excision procedure was medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Removal of Deep Implants And Contracture Release 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 , Treatment Index, 11th Edition (web), 2013, Foreman, Wrist, and Hand Chapter, Hardware implant removal(fracture Fixation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Hardware implant removal (fracture fixation) Other Medical Treatment Guideline or Medical Evidence: Wheelless' Textbook of Orthopaedics, www.wheellesonline.com, Elbow Flexion Contracture/Stiff Elbow.

Decision rationale: The ACOEM updated elbow disorders chapter does not address hardware removal and contracture release. The Official Disability Guidelines indicate that after fracture healing, improvement in pain relief and function can be expected following removal of hardware in patients with persistent pain in the region of implanted hardware. Other causes of pain, such as infection and nonunion, must be ruled out. Current orthopedic peer-reviewed literature supports the use of surgical treatment if heterotopic ossification has caused loss of motion and the process has matured. The contracture release of the left elbow is supported by current radiographic and clinical findings given the functional limitations. The removal of hardware is not currently supported given that persistent pain is not the chief complaint and other causes of pain have not been ruled out. The records indicate that the contracture release surgery was subsequently certified with provider agreement. Therefore, this request for removal of deep implants and contracture release of the left elbow is not medically necessary.