

Case Number:	CM14-0066648		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2013
Decision Date:	09/08/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/10/2014

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 injured worker is a 32 year old male who sustained a severely comminuted Monteggia fracture dislocation of the left elbow involving the olecranon, coronoid, capitellum, and radial head due to a fall from a height of 15 feet at work on 10/5/13. The injured worker underwent open reduction, internal fixation (ORIF) of the olecranon, coronoid capitellum and radial head on 10/5/13. Despite extensive physical therapy/occupational therapy and the use of dyna-splinting, the injured worker has developed significant loss of range of motion (ROM) of the left elbow in all planes. On 6/18/14, he had 30-95 degrees of active extension/flexion, 30 degrees pronation and minimal supination on examination. A computed tomography (CT) scan of the elbow on an undocumented date was noted to demonstrate a new 0.3 cm exostosis of the coronoid as documented in a 4/12/14 PR-2 report and notes state the injured worker has heterotopic ossification about the left elbow but no formal radiologic reports are provided. It was stated in the 4/12/14 note that the coronoid exostosis may be limiting left elbow flexion. Left elbow arthroscopy with excision of the coronoid exostosis has been recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Arthroscopy for exostosis removal from coronoid process to improve flexion:

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): 5-6, Chronic Pain Treatment Guidelines General Approaches Page(s): 3. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Treatment Planning.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) do not address the requested procedure. However, the guidelines do note that a complete clinical history and examination is to be obtained prior to recommending treatment. There is no documentation of a formal radiologic report of the left elbow computed tomography (CT) scan (date undocumented) mentioned in the 4/12/14 clinical note and no documentation of recent plain films of the left elbow. There is a passing mention of the presence of heterotopic ossification in the clinic notes, but the extent of this is not documented. As the extent of the contribution of the coronoid exostosis and heterotopic ossification to the injured worker's loss of left elbow range of motion (ROM) cannot be established from the available documentation, the medical necessity of the requested left elbow arthrotomy and excision of the coronoid exostosis based on current literature cannot be established. The requested arthrotomy for exostosis removal from coronoid process to improve flexion cannot be recommended.