

<b>Case Number:</b>	CM14-0066902		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Orthopedic 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 38-year-old male who had a work related injury on 11/19/13. He fell from a ladder at work resulted in an olecranon fracture. He underwent surgery on 11/19/13, which was an open reduction and internal fixation using K wires and a tension band. The injured worker did go to physical therapy, but continued to complain of right elbow pain. His surgeon told him that it would take 6-12 months for this to heal. Most recent note available for review dated 05/09/14, the injured worker still continued to complain of right elbow pain it was reported that the x-ray from 04/18/14 demonstrates a tension wiring in place, however, there is still a non-union at the fracture site, 5 months out from his index surgery. Physical examination, he has weakness with extension of his right elbow, his supination is 90 degrees, his pronation is 80 degrees, and his range of motion is 20 to 120 degrees. He has tenderness over the medial and lateral epicondyles. Prior utilization review on 05/06/14 non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right olecranon hardware removal and ORIF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, Open reduction internal fixation (ORIF).

**Decision rationale:** The clinical documentation submitted for review does not support the request for surgery. X-ray results are noted in the requesting provider's note of 05/09/2014, states still a non-union at fracture site, that x-ray was dated 04/18/14, there is no formal x-ray report submitted for review. Therefore, the request for one right olecranon hardware removal and ORIF is not medically necessary and appropriate.

**1 pre-op antibiotic of Ancef 2 grams IV:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Miller's Anesthesia 7th Edition.

**Decision rationale:** The request for pre-op antibiotic of Ancef 2 grams IV is not medically necessary. The request for pre-op antibiotic is predicated on the initial surgical request. As this has not been found to be medically necessary the subsequent request is not necessary.

**1 general anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Miller's Anesthesia 7th Edition.

**Decision rationale:** The request for general anesthesia is not medically necessary. The request for anesthesia is predicated on the initial surgical request. As this has not been found to be medically necessary the subsequent request is not necessary.

**1 brachial plexus block:** 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 Other Medical Treatment Guideline or Medical Evidence: Miller's Anesthesia 7th Edition.

**Decision rationale:** The request for brachial plexus block is not medically necessary. The request for brachial plexus block is predicated on the initial surgical request. As this has not been found to be medically necessary the subsequent request is not necessary