

Case Number:	CM14-0190734		
Date Assigned:	11/24/2014	Date of Injury:	10/13/2011
Decision Date:	01/23/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Hand Surgery and is licensed to practice in Hawaii. 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 51-year-old male smoker who reported injuries after a 15 foot fall from a ladder on 10/13/2011. On 06/11/2014, his diagnoses included traumatic left upper extremity injury status post repair of nonunion of left ulna, open reduction internal fixation of the left ulna, repair of flexor carpi ulnaris, and repair of extensor carpi ulnaris on 01/18/2012, status post arthroscopic synovectomy of the left elbow, arthroscopic debridement of the left elbow, and release of left elbow contracture with radial resection/release of the capsule and removal of loose bodies on 04/23/2012, stiff left elbow, left hand digital drop, severe posterior interosseous nerve conduction studies injury positive with EMG/NCS on 05/09/2014, left ulnar nerve entrapment at the elbow, positive on EMG/NCS on 05/09/2014, bilateral median nerve entrapment at the wrists, positive on EMG/NCS on 05/09/2014, right upper extremity myalgia, and right upper extremity overuse. On 09/29/2014, it was noted that he has a nonunion/malunion of his ulna status post previous open reduction internal fixation. On examination, his elbow had "a lot of crepitus". He had a very bowed forearm. His flexion was approximately 35 to 100 degrees. He had no rotation. He had a positive Tinel's at his elbow. He had weak flexor carpi ulnaris. On x-ray, there was an apex anterior bow to his ulna, as well as extenuated Varus bowing. There was some windshield wiper of both his proximal and distal screws, and osteopenia at his fracture site, but it had not healed. He also had elbow arthritis, and the radial head did not sit concentrically on his capitellum. Since he had a malunion/nonunion of his ulnar, an apex anterior, and Varus deformity, the plan was for a resection and compression plating. In order to shorten the ulna, a radial head resection would be done. The transposition was recommended due to ulnar nerve subluxation. Further recommendation was for a CT scan of his forearm to get a 3 dimensional model made to work on the osteotomy preoperatively with a 3 dimensional life-

size model. A Request for Authorization dated 10/10/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow revision open reduction internal fixation ulna fracture, radial head excision, anterior subcutaneous transposition of the left ulnar nerve in patient hospital stay 1-2 days:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines- Online treatment guidelines for the elbow

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

Decision rationale: The request for left elbow revision open reduction internal fixation ulna fracture, radial head excision, anterior subcutaneous transposition of the left ulnar nerve in patient hospital stay 1-2 days is not medically necessary. The Official Disability Guidelines recommend open reduction internal fixation as an option for fractures when radiographic evidence indicates a displaced fracture or comminuted fracture, or an open fracture with bone protrusion. Open reduction internal fixation is a method of surgically repairing a fractured bone, in which surgery is used to reduce or set the fracture fragments and then hardware, such as a rod, plate, and/or screws, is then implanted to hold the reduction in place. There is no evidence that this injured worker has a displaced or comminuted fracture. He had a previous surgery with a plate and screws inserted and still in place. The guidelines do not support this request. Therefore, the request for left elbow revision open reduction internal fixation ulna fracture, radial head excision, anterior subcutaneous transposition of the left ulnar nerve in patient hospital stay 1-2 days is not medically necessary.

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

CT scan with 3D reconstruction of forearm with models: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.