

Case Number:	CM14-0194698		
Date Assigned:	12/02/2014	Date of Injury:	09/24/2012
Decision Date:	01/16/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Surgeon and is licensed to practice in Illinois. 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 36-year-old male who reported injury on 09/24/2012. The diagnosis included loose body - up/arm. The mechanism of injury was the injured worker was driving sheet metal screws and injured his right elbow. The injured worker had an x-ray of the right elbow on 03/03/2014 which revealed degenerative joint disease and no obvious fracture. The injured worker was noted to apply cold compresses and utilize naproxen 550 mg 1 tablet twice a day. The injured worker was noted to be certified for 6 sessions of acupuncture and right elbow tennis brace. The injured worker underwent an magnetic resonance imaging (MRI) of the right elbow without contrast on 04/29/2014 which revealed there were several loose bodies in the posterolateral aspect of the right radiocapitellar joint. There was a 2 mm osteophyte projecting from the medial portion of the olecranon into the cubital tunnel. There was a small right elbow joint effusion. There was a Request for Authorization submitted dated 10/15/2014. The documentation of 10/14/2014 revealed the injured worker had continued to sprain his right elbow and it was locking. The injured worker had numbness into the ring and small finger and medial elbow pain. The documentation indicated the injured worker underwent a nerve conduction study that was consistent for relative decrease in conduction velocity of the bilateral ulnar nerves. The surgical history was noncontributory. The physical examination revealed a positive Tinel's at the right elbow. The flexion test was positive. The diagnoses included lateral epicondylitis, cubital tunnel syndrome, elbow osteoarthritis, and elbow loose body. Treatment plan included a right elbow arthroscopy and osteophyte excision and loose body removal along with ulnar nerve decompression. Special nerve conduction study stated 09/25/2014 revealed there was a relative slow ulnar motor conduction velocity across the elbow segment bilaterally. There was no electrophysiologic evidence of an underlying peripheral neuropathy or right upper

limb cervical motor radiculopathy. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right elbow arthroscopy and right ulnar nerve decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44-49, 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Loose Body Removal

Decision rationale: The American College of Occupational and Environmental Medicine indicate surgical consultation may be appropriate for an injured worker who has significant limitation of activity for more than 3 months, a failure to improve with exercise program to increase range of motion and strength of the musculature around the elbow or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review indicated the injured worker had clear clinical and electrophysiologic evidence. However, there is a lack of documentation indicating the injured worker had utilized elbow padding, avoidance of leaning on the ulnar nerve at the elbow, avoidance of prolonged hyperflexion of the elbow, and had failed NSAIDs. The guidelines do not address loose body removal. As such, secondary guidelines were sought the Official Disability Guidelines recommend loose body removal after failure of conservative care. There was a lack of documentation of a failure of conservative care. Additionally, with the exception of the request for a right ulnar nerve decompressions, the specific arthroscopy procedure to remove loose bodies was not requested. Given the above, the request for 1 right elbow arthroscopy and right ulnar nerve decompression is not medically necessary.

12 postoperative physical therapy sessions: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines on perioperative cardiovascular evaluation and care for noncardiac surgery. American College of Cardiology Foundation- Medical Specialty Society American Heart Association- Professional Association. 1996 Mar 15 (revised 2007 OCT).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2006 Jul. 33p

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 lab to include CBC and BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians. American College of Physicians- Medical Specialty Society. 2006 Apr 18

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.