

Case Number:	CM14-0206972		
Date Assigned:	12/18/2014	Date of Injury:	04/01/2014
Decision Date:	02/23/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, California
 Certification(s)/Specialty: Orthopedic Surgery

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 35-year-old male who reported an injury on 01/01/2009-08/07/2014. The mechanism of injury was cumulative trauma. He was diagnosed with left elbow sprain. Past treatments are noted to include brace and medications. His diagnostic studies included unofficial MRI of the left elbow, performed on 10/07/2014, which is noted to reveal probable complete tear of the lateral ulnar collateral ligament and radiohumeral joint effusion. On 10/16/2014, the injured worker reported sustaining cumulative trauma to his wrists from previous employment. On physical examination of bilateral wrists, he was noted to have significant pain in the anatomic snuffbox bilaterally. Positive pain on ulnar and radial deviation of the wrists. Positive pain on wrist extension and wrist flexion. No crepitus of wrists bilaterally. No evidence of any dorsal or volar wrist masses bilaterally. Bilateral negative Phalen's tests. Bilateral negative Tinel's tests. Bilateral negative compression tests over the median nerve. No evidence of any thenar atrophy bilaterally. Examination of the left elbow revealed significant pain over the lateral epicondyle. Significant pain over the medial epicondyle. Positive pain over the olecranon. Positive pain on the antecubital fossa. No crepitus at the elbow. Negative Tinel's over bilateral cubital tunnels. Negative Tinel's over bilateral Guyon's canal. Range of motion of the bilateral elbows was noted to be 140 degrees of flexion, 0 degrees of extension, 80 degrees of pronation. His current medications were noted to include gabapentin and Voltaren; the frequency and dosage were not provided. Treatment plan was noted to include surgery for repair of the left radial collateral ligament of the elbow, seeking authorization and preop medical clearance before embarking upon the surgery, MRI of the left

wrist to rule out potential TFCC or scapholunate tear, splints, medications, TENS unit, and a followup appointment. The rationale for the requests were not provided. The Request for Authorization was submitted on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repair of left radial collateral ligament tear: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/23261198

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: www.wheelsonline.com.

Decision rationale: The request for repair of left radial collateral ligament tear is not medically necessary. Collateral ligamentous injuries are most commonly associated with fractures, dislocations, forced twisting of the arm, falling on an outstretched arm, or repeated overhead movement. This is not consistent with the mechanism of injury described for this injured worker. Additionally, the symptom of global pain at the elbow described by the injured worker is an atypical presentation for a tear of the lateral ligament. Methods to treat this condition and differentiate between operative candidates who have medial elbow instability or posterolateral rotatory instability continue to evolve. The clinical documentation submitted for review does not provide evidence of instability or functional deficits in this injured worker and therefore the request for surgery is not supported. As such, the request for Repair of left radial collateral ligament tear is not medically necessary.

Associated Surgical Services: Pre-Op Medical Clearance blood work: 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 Official Disability Guidelines (ODG) Low back, Preoperative lab testing.

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

Associated Surgical Services: EKG: 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 Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG).

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

Associated Surgical Services: Chest X-Ray: 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 Official Disability Guidelines (ODG) Low back, Preoperative testing, general.

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

Associated Surgical Services: Post-Op medication Keflex 500mg (unknown quantity): 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 Official Disability Guidelines (ODG) Infectious Disease, Cephalexin (Keflex).

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

Associated Surgical Services: Post-Op medication Vicodin ES 7.5/750mg (unknown quantity): 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: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

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

Associated Surgical Services: Post-Op medication Phenergan 25mg (unknown quantity): 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 Official Disability Guidelines (ODG) Pain, Antiemetics (for opioid nausea).

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

Associated Surgical Services: Post-Op medication Colace 100mg (unknown quantity):
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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 77.

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

Associated Surgical Services: Post-Op Physical Therapy for the left elbow, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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