

<b>Case Number:</b>	CM15-0184438		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Minnesota, Florida 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 59 year old male, who sustained an industrial injury on 9-26-2007. He reported right elbow pain and right hand numbness and weakness from repetitive lifting activities. Diagnoses include lateral epicondylitis of the radial tunnel, status post epicondyle release, and re-operative 7-8-14 for lateral epicondylitis, radial tunnel syndrome and arthritis with removal of osteophytes. Treatments to date include activity modification and bracing. The injured worker complained of ongoing pain in the elbows. The X-rays, date unknown, were noted to reveal arthritis with joint narrowing at the radial head and osteophytic spurring on the radial head. The evaluations completed in February 2015 and April 2015 continued to document tenderness over the radial head and occasional crepitus with a positive Tinel's and positive Phalen's over the wrist. On 6-19-15, there were no physical findings documented. The provider documented "I believe resection of the radial head to eliminate the arthritic problem from radial capitellar articulation is the best approach to decrease the pain syndrome." An evaluation completed 7-25-15, documented pain over the radial head with crepitance noted on range of motion. The plan of care included surgical resection of the radial head. The appeal requested authorization for resection of Radial Head, pre-operative labs including CBC and BMP, EKG, and post-operative physical therapy twice a week for six weeks. The Utilization Review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Resection of Radial Head: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Radial head surgery.

**Decision rationale:** California MTUS guidelines do not address resection of the radial head. ODG guidelines are therefore used. The effect of radial head excision at the elbow is such that any force applied to the wrist that normally would be transmitted to the elbow through the radial head/capitellar contact is transferred to the interosseous membrane. This creates an ulnar positive wrist and increased distal ulnar loading. ODG guidelines indicate a radial head arthroplasty is recommended as a treatment of non-reconstruct able comminuted fractures of the radial head in order to achieve elbow stability and to prevent secondary complications such as valgus elbow instability and radius proximalization. However, the guidelines do not recommend resection of the radial head as a treatment for osteoarthritis. In this case, the injured worker underwent surgery for lateral epicondylitis in December 2007 and underwent a repeat procedure for recurrent lateral epicondylitis and radial tunnel syndrome and arthritis of the elbow on 7/8/2014. Some osteophytes were removed but the radial head was not resected. The documentation provided indicates that he has persisting lateral elbow pain. Per examination report dated 6/19/2015 the assessment was lateral epicondylitis of the radial tunnel. X-rays were unofficially reported to demonstrate significant arthritis in the radiocapitellar joint. Resection of the radial head was recommended. The documentation does not include any Radiology reports pertaining to imaging studies. It also does not include a detailed elbow examination with objective findings demonstrating the medical necessity of the procedure. Furthermore, the guidelines do not support excision of the radial head as an appropriate procedure for degenerative changes in the radiocapitellar joint. As such, the request for resection of the radial head is not supported and the medical necessity of the request has not been substantiated.

**Pre-Operative Labs: CBC: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Radial head surgery.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

**Pre-Operative Labs: BMP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmedhealth/PMH0063065>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Radial head surgery.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

**Pre-Operative EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Preoperative Electrocardiogram (ECG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Elbow, Topic: Radial head surgery.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.

**Post-Operative Physical Therapy (12-sessions, 2 times a week for 6-weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** Since the primary surgical procedure is not medically necessary, none of the associated surgical requests are applicable.