

Case Number:	CM15-0185808		
Date Assigned:	09/28/2015	Date of Injury:	01/10/2014
Decision Date:	12/08/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 28-year-old male, who sustained an industrial injury on 01-10-2014. He has reported subsequent right wrist, left elbow and left arm pain and was diagnosed with status post fracture, right wrist, resolved, status post fracture of the left elbow with surgery three times, unresolved and status post recent fracture of the left ulna after a fall on 12-01-2014. Treatment to date has included pain medication and bracing, which were noted to have failed to significantly relieve the pain. In a 06-19-2015 progress note the injured worker reported continued left elbow pain that was 10 out of 10 at worst and 3 out of 10 at best with inability to work due to unresolved fracture. Objective findings showed ongoing point tenderness of the left elbow and severely limited range of motion due to pain. In a progress note dated 08-31-2015, the injured worker reported continued left elbow discomfort. Objective examination findings showed marked instability of the left elbow. X-rays of the left elbow taken that day showed olecranon fracture, lack of radial head, abnormal appearance of distal humerus and missing coroid. The physician noted that the impression was that the injured worker had a terrible triad fracture of the left elbow, that the elbow was highly unstable, radial head and coroid were missing and there was non-union through olecranon disconnecting triceps from the forearm. Work status was documented as temporarily totally disabled. The physician's plan was a probable biopsy to rule out non-union. A request for authorization of biopsy of non-union site and pre-operative electrocardiogram, chest x-ray, complete blood count and basic metabolic panel and postoperative physical therapy 2 times a week for 6 weeks for the right wrist and left elbow was

submitted. As per the 09-10-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biopsy of non-union site: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 28-year-old male with a date of injury of 1/10/2014. He fell from a height of 30 feet from a ladder and injured both upper extremities. The right side did well after open reduction internal fixation of the wrist. On the left side, he underwent open reduction and internal fixation of the elbow was subsequently found to have subluxation of the elbow and had a radial head implant placed. He then underwent removal of hardware in October 2014. Subsequent x-rays showed subluxation of the radial head and failed fixation of the coronoid. He fell in his yard and sustained a fracture of the olecranon. X-rays from 8/31/2015 were reported to show a well-healed fracture of the right wrist. However, the left elbow showed the olecranon fracture, absence of radial head, missing coronoid process. Examination of the left elbow has revealed marked instability. There is a nonunion through the olecranon disconnecting the triceps from the forearm. The plan was to obtain medical records, probable biopsy to rule out nonunion (site not specified), overall reconstruction plan should include open reduction internal fixation of the ulna with bone graft and some form of reconstruction of the coronoid, reconstruction of the ligaments, interpositional fascial arthroplasty, and hinged external fixation for rehabilitation. With regard to the request for biopsy of nonunion site, specific information is not included in the request as to which site is to be biopsied and the rationale for doing so. The injuries are fairly obvious on x-rays and if necessary, a CT scan may be indicated for confirmation of union or lack thereof at the site requested. A surgical procedure is usually not necessary to diagnose a nonunion. The California MTUS guidelines indicate surgical considerations for clinical and imaging evidence of a lesion that is known to benefit in both the short and long-term from surgical intervention. In this case, the request does not specify reconstruction of the elbow that is obviously necessary. However, a biopsy is requested with no rationale as to the medical necessity of the same. In light of the above, the request is not medically necessary.

Preoperative electrocardiogram (EKG): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative chest x-ray: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative complete blood count (CBC): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative basic metabolic panel (BMP): 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy 2 times a week for 6 weeks for the right wrist and left elbow: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.