

Case Number:	CM15-0205155		
Date Assigned:	10/22/2015	Date of Injury:	10/05/1998
Decision Date:	12/10/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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 62 year old male who sustained an industrial injury on 10-05-1998. Medical records indicated the worker was treated for a superior labral tear from anterior to posterior (SLAP) lesion, left shoulder-status post repair, a left biceps tendinitis status post tenodesis, left rotator cuff tear status post repair, left AC joint arthritis-status post excision of distal clavicle, and long term use of non-steroidal anti-inflammatories. An x-ray of the left elbow demonstrated an olecranon spur. In the provider notes of 06-22-2015, the injured worker complains of pain and swelling over the posterior aspect of his left elbow. On exam, he has tenderness over the olecranon of the left elbow and evidence of left elbow bursa. He has had activity modification, anti-inflammatory medications, physical therapy, and multiple cortisone injections with temporary relief. Medications included Naprosyn, Plavix, and Lipitor. After discussion of options, a decision was made for surgery. A request for authorization was submitted for: 1. Left excision olecranon bursa Qty: 1; 2. Left excision olecranon spur Qty: 1; 3. Surgical assist; 4. Pre-operative EKG Qty: 1; 5. 12 visits of post-operative physical therapy, 2 times per day for 6 weeks Qty: 12; 6. Pre-operative lab: CBC Qty: 1; 7. Pre-operative lab: Metabolic chem Qty: 1. A utilization review decision 09/29/2015 modified the request and gave approval for: Left excision olecranon bursa Qty: 1 Left excision olecranon spur Qty: 1 Pre-operative EKG Qty: 1. Pre-operative lab: CBC Qty: 1- Pre-operative lab: Metabolic chem Qty: 1. Gave modified approval of the 12 visits of post-operative physical therapy to: 6 visits of post-operative physical therapy and denied the request for a surgical assist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical assistant: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Surgical assistant and Other Medical Treatment Guidelines American Academy of Orthopedic Surgeons, Assistants in Surgery.

Decision rationale: ODG Guidelines recommend surgical assistants in complex procedures. Excision of Olecranon bursa and bone spur is not a complex surgical procedure and therefore the request for a surgical assistant is not supported. According to the American College of Surgeons, the first assistant at surgery should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in the exposure, hemostasis and other technical functions which will help the surgeon carry out a safe operation and optimal results for the patient. In this case, the procedure includes excision of the olecranon bursa and a bone spur at the tip of the olecranon. This procedure does not qualify for a surgical assistant based upon complexity. As such, AAOS guidelines do not recommend a surgical assistant and a trained OR technician provided by the hospital is sufficient for this purpose. In light of the foregoing, the request for a surgical assistant is not medically necessary.

12 visits if post-operative physical therapy, 2 times per day for 6 weeks Qty: 12: Upheld

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

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

Decision rationale: With respect to the request for 12 physical therapy visits, California MTUS postsurgical treatment guidelines indicate 12 visits over 12 weeks for enthesopathy of the elbow region. Specific guidelines for excision of the olecranon bursa are not provided as it is usually not a surgical issue. The initial course of therapy is one-half of these 12 visits, which is 6. Then with documentation of continuing functional improvement, a subsequent course of the remaining 6 visits may be prescribed. Utilization review has approved 6 visits. The request as stated for 12 visits exceeds the guideline recommendations and as such, is not medically necessary.