

Case Number:	CM15-0020940		
Date Assigned:	02/10/2015	Date of Injury:	10/21/2013
Decision Date:	04/02/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Illinois, California, Texas
 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 39-year-old male who sustained an industrial injury on 10/21/13, relative to a slip and fall off a ladder. He sustained a severe right elbow comminuted fracture/dislocation, and subsequently underwent open reduction and internal fixation (ORIF) and reconstruction of the radial collateral ligament on 11/18/13. The 8/20/14 right elbow x-rays documented postsurgical findings with hardware placement in the humerus, radius, and ulna. There was osteoarthritis with degenerative spurs around the elbow and a chronic fracture defect in the radial head. There were calcifications around the elbow that could be periarticular soft tissue calcifications and/or articular bodies. The 12/10/14 orthopedic evaluation report indicated that the patient sustained a terrible triad injury involving fracture of the coronoid process of the ulna, fracture of the radial head, and complete rupture of the ulnar collateral ligament. He underwent a lengthy surgical repair and had been participating in rehabilitation since the injury, including multiple courses of physical therapy and use of a Dynasplint. Subjective complaints included frequent and severe right elbow pain. He had significant limitation in range of motion that was not improving with time. Physical examination documented right elbow range of motion (ROM) was 30 degrees short of full extension with flexion 110 degrees, pronation 50 degrees, and supination 40 degrees. There was mild crepitation with motion, severe hypersensitivity to palpation, and diffuse very severe tenderness. He was neurovascularly intact. He was diagnosed with arthrofibrosis and joint contracture with chronic pain; status post right elbow ORIF. The treatment plan discussed the complexities of this problem, including the degree of degenerative changes in the ulnotrochlear joint and chronic pain. The patient was a candidate for an open

capsular release of the elbow to treat the arthrofibrosis. A second opinion was requested to assess the treatment options. The 1/2/15 treating physician report indicated that the patient did require contracture release. A second opinion had been requested as his pain was sort of out of proportion to his stiffness. Physical examination right elbow range of motion (ROM) was 40 degrees short of full extension with flexion 120 degrees, pronation 60 degrees, and supination 50 degrees. Proceeding with surgery was now advised to attempt to achieve better range of motion. A request for made for arthroscopic surgery on right elbow; assistant surgeon; per-operative clearance; post-operative physical therapy; cold therapy unit 7 days and continuous passive motion unit. On 01/14/2015 Utilization Review non-certified the request for arthroscopic surgery on right elbow; assistant surgeon; per-operative clearance; post-operative physical therapy; cold therapy unit 7 days and continuous passive motion unit, noting the Ca MTUS, Elbow disorders, ACOEM was cited. The rationale for non-certification indicated that a second opinion had been previously certified and should be completed prior to surgical authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic versus open contracture release along with debridement of the right elbow:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nguyen D, Proper S, MacDermid JC, King GJ, Faber KJ. Functional outcomes of arthroscopic capsular release of the elbow. *Arthroscopy*. 2006 Aug; 22(8):842-9.

Decision rationale: The California MTUS and Official Disability Guidelines do not provide recommendations for this procedure. Peer-reviewed literature supports the use of arthroscopic debridement and capsulectomy of the contracted elbow is safe and effective treatment for patients with posttraumatic elbow contracture. Study results have demonstrated improvement in functional ability with significant increase in range of motion. Guideline criteria have been met. This patient presents with post-surgical elbow arthrofibrosis following a terrible triad injury. He lacks functional right elbow range of motion despite multiple rounds of rehabilitative therapy and compliance in home dynamic splinting. Therefore, this request is medically necessary.

Associated Surgical Service assistant: Overturned

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 Centers for Medicare and Medicaid services, Physician Fee Schedule, Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT code 24006, there is a '2' in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

Pre op clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Post op physical therapy x24: Overturned

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

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

Decision rationale: The California Post-Surgical Treatment Guidelines for elbow arthropathy surgery generally suggest a general course of 24 post-operative visits over 8 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the need for extensive post-op physical therapy to achieve optimal range of motion is appreciated. This is the initial request for post-operative physical therapy and, although it exceeds recommendations for initial care, is within the recommended general course. Therefore, this request is medically necessary.

Associated Surgical Service Cold therapy unit x7 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: Cold packs.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The Official Disability Guidelines recommend at-home local applications of cold packs for first few days of acute elbow complaints. There is insufficient evidence to support the efficacy of a cold therapy unit over standard cold packs. Therefore, this request is not medically necessary.

Associated Surgical Service Elbow continuous passive motion (CPM): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand: Continuous passive motion (CPM) Shoulder: Continuous passive motion (CPM).

Decision rationale: The California MTUS and Official Disability Guidelines do not address continuous passive motion for elbow injuries. Continuous passive motion is supported for up to 20 days in other upper extremity guidelines in the presence of marked range of motion limitations. Although, continuous passive motion may be of benefit for this patient, this request does not specify the duration of use. This request is for an unknown length of use is not consistent with guidelines. Therefore, this request is not medically necessary.