

Case Number:	CM15-0024904		
Date Assigned:	02/17/2015	Date of Injury:	07/19/2011
Decision Date:	03/26/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 50-year-old male, who sustained an industrial injury on 7/19/11. Injury occurred when his gloved left hand caught on a hook on his truck resulting in a left shoulder and elbow injury. Past surgical history was positive for left total shoulder arthroplasty on 5/22/14, and left elbow olecranon bursectomy, date unknown. The 1/21/15 treating physician report documented moderate left olecranon swelling, and good to excellent bilateral elbow range of motion. Fluoroscan of the left elbow showed osteophytes in the anterior and posterior joint. Ultrasound of the posterior elbow showed a thickened olecranon bursa with no fluid. The injured worker was reported a candidate for radical release via ulno-humeral arthroplasty. The patient wanted non-operative treatment. Physical therapy was requested. There is no documentation of physical therapy in the file directed to the left elbow. Records indicated that physical therapy was provided following the left total shoulder arthroplasty. On 1/30/15, utilization review non-certified a request for radial release arthrotomy, complete synovectomy, extensive debridement of the left elbow, custom splint, and fluoroscopy, noting that the submitted documentation did not reflect the failure of conservative treatment nor does it reflect that the injured worker exhausted all conservative measures. Because the surgery was non-certified the associated requests were non-certified. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On February 9, 2015, the injured worker submitted an application for IMR for review of radial release arthrotomy, complete synovectomy, and extensive debridement of the left elbow, custom splint, and fluoroscopy. The 2/25/15 treating physician appeal documented that the injured worker had failed all conservative treatment, including 6 weeks of physical

therapy, with persistent symptoms. Injections were not indicated for olecranon bursitis or osteoarthritis of the elbow with bone changes. Physical exam documented thickened olecranon bursa with no palpable fluid and neurovascular intact. Range of motion testing documented a 30 degree flexion contracture with full flexion, pronation and supination. Grip strength was 30 kg bilaterally and pinch strength was 10 kg right, 8 kg left. The patient met all ACOEM guidelines for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radial release arthrotomy, complete synovectomy, extensive debridement left elbow:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35, 39.

Decision rationale: The California MTUS guidelines recommend surgical consideration for patients who have significant activity limitations for more than 3 months, fail to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, and have clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Olecranon bursitis generally resolves without the need for surgery. If after at least 6 weeks of conservative treatment, the patient fails to show signs of improvement, surgery may be reasonable. Guideline criteria have not been met. This patient presents with moderate left olecranon swelling and fluoroscopy findings of osteophytes and a thickened bursa. Range of motion was reported good to excellent at the time of the surgical request. The appeal report indicated there was a 30 degree flexion contracture. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left elbow and failure has not been submitted. Additionally, it is unclear what procedure is being proposed, arthrotomy versus arthroplasty, in the notes, or that the patient fully desired to proceed with surgery. Therefore, this request is not medically necessary at this time.

Custom splint: 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): 41-42.

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

Fluoroscopy: 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): 42.

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