

<b>Case Number:</b>	CM15-0055307		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/14/2010
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 44-year-old male who reported an injury on 04/14/2010. The mechanism of injury was a fall. Electrodiagnostic studies of the left upper extremity on 12/18/2014 were noted to be normal. An MRI of the left elbow on 02/10/2015 revealed mild degenerative cystic changes and marrow edema of the radial head, with a small amount of joint effusion. The injured worker's past treatment for the left elbow were noted to include over 20 sessions of physical therapy, 2 cortisone injections, activity modification, bracing, and rest. The injured worker's symptoms were noted to include persistent left elbow pain, swelling, locking, and catching. His physical examination revealed tenderness about his left elbow with a palpable loose body. On 03/30/2015, it was also noted that x-rays of the left elbow showed loose bodies. The treatment plan included a diagnostic and operative arthroscopy of the left elbow with removal of the loose body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroscopy of the Left Elbow with Removal of Loose Bodies and Chondroplasty Radiocapitellar Joint:** Overturned

**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): 44-49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Arthroscopy.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgery for elbow disorders may be recommended for patients with significant limitations of activity for more than 3 months, failure to improve with exercise programs, and clear clinical and diagnostic testing evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The Official Disability Guidelines state that arthroscopy is mainly used as a diagnostic tool, but also provides a minimally invasive treatment option for a wide variety of conditions. The clinical information submitted for review indicated that the injured worker had x-ray evidence of loose bodies of the left elbow, as well as significant pain and mechanical symptoms despite extensive conservative treatment. He was also noted to have significant tenderness on physical examination, and a palpable loose body. For these reasons, the request for arthroscopic removal of loose bodies from the left elbow would be supported. An MRI on 02/10/2015 also revealed significant findings to include degenerative changes of the radiocapitellar joint with cystic changes and marrow edema of the radial head. Therefore, the requested chondroplasty of the radiocapitellar joint is also supported based on the findings on imaging, tenderness on examination, and symptoms to include persistent left elbow pain, swelling, locking, and catching. For these reasons, the request is medically necessary.

**Assistant Surgeon/PA:** 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 Official Disability Guidelines (ODG), Low back, Surgical assistant.

**Decision rationale:** The Official Disability Guidelines state an assistant surgeon may be recommended as an option in more complex surgeries. The injured worker meets criteria for the requested arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. However, rationale for the requested assistant surgeon was not provided and the planned arthroscopic procedure would not be considered a complex procedure. Therefore, the request is not medically necessary.

**Post-Operative Physical Therapy (12-sessions, 3 times a week for 4 weeks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The injured worker meets criteria for the requested arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. The California MTUS Guidelines recommend a maximum of 20 visits of physical therapy following arthroscopic debridement procedures with an initial trial of half the number of visits recommended for the specific procedure. Therefore, an initial 10 visit trial of postoperative physical therapy would be warranted for this injured worker. The request for visits 3 times per week for 4 weeks exceeds this recommendation for an initial trial. Additionally, the request, as submitted, does not specify the body region of treatment. As such, the request is not medically necessary.

**Associated Surgical Service: Medical Clearance: 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 Official Disability Guidelines (ODG), Low back, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state preoperative medical clearance and lab tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. The injured worker meets criteria for the requested arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. However, there was no documentation showing significant comorbidities, physical exam findings, or relevant history to warrant preoperative medical clearance for this 44 year old injured worker. Therefore, the request is not medically necessary.

**Associated Surgical Service: Labs: CBC, CMP, PT/PTT, UA, EKG: 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 Official Disability Guidelines (ODG), Low back, Preoperative lab testing & Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines state preoperative medical clearance and lab tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. Electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure. A complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. Coagulation studies are reserved for patients with a history of bleeding or medical conditions that predispose them to bleeding, and

for those taking anticoagulants. Preoperative electrocardiogram is only recommended for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery who have additional risk factors. The injured worker meets criteria for the requested arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. However, there was no documentation showing significant comorbidities, physical exam findings, or relevant history to warrant preoperative labs for this 44 year old injured worker. The UA is specifically not supported as the injured worker is not undergoing an invasive urologic procedure or implantation of foreign material. CMP is not supported as the injured worker was not shown to have underlying chronic disease or to be taking medications that predispose him to electrolyte abnormalities or renal failure. A complete blood count is not indicated as the injured worker was not shown to have disease that increases his risk of anemia. PT/PTT is not warranted as the injured worker was not noted to have a history of bleeding or a medical condition that predisposes him to bleeding or to be taking anticoagulants. Preoperative electrocardiogram is not supported as the injured worker is not undergoing high-risk surgery and was not shown to have additional risk factors. Therefore, the request is not medically necessary.

**Associated Surgical Service: Cold Therapy Unit (purchase): 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 Official Disability Guidelines (ODG), Knee & leg, Continuous-flow cryotherapy.

**Decision rationale:** The Official Disability Guidelines state a continuous-flow cryotherapy unit is recommended for use up to 7 days after surgery. The injured worker meets criteria for the requested arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. Therefore, the rental of a cold therapy unit would be warranted for up to 7 days after surgery. However, the purchase of a cold therapy unit is not supported. As such, the request is not medically necessary.

**Associated Surgical Service: IF Unit (30-day rental): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain (transcutaneous electrical nerve stimulation), Interferential Current Stimulation (ICS) Page(s): 116-120.

**Decision rationale:** The California MTUS Guidelines recommend a TENS unit as a treatment option for acute post-operative pain in the first 30 days post-surgery. However, Interferential Current Stimulation (ICS) is only recommended in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The injured worker meets criteria for the requested

arthroscopy of the left elbow with removal of loose bodies and chondroplasty of the radiocapitellar joint. Therefore, use of a TENS unit would be supported for up to 30 days. However, the documentation does not include a rationale for an IF unit over a TENS unit for postoperative pain. As such, the request is not medically necessary.