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| Case Number: | CM15-0081882 | | |
| Date Assigned: | 05/04/2015 | Date of Injury: | 07/16/2014 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 36 year old female, who sustained an industrial injury, July 16, 2014. The injury was sustained when the injured worker fell approximately 20 feet in a hole while at work. The injured worker previously received the following treatments left elbow MRI, OxyContin, closed reduction of the left elbow July 16, 2014, physical therapy, left elbow CT scan, left ankle x-rays, left elbow x-rays and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the left upper extremity. The injured worker was diagnosed with post traumatic left elbow, pain in the upper joint, pain in joint of the shoulder, bilateral left greater than the right, neck sprain/strain and pain in joint ankle foot left with a history of fractures. According to progress note of March 18, 2015, the injured workers chief complaint was left elbow and low back pain. The injured worker rated the pain at 7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was able to fully extend the left elbow. The back pain did not radiate much into the lower extremities. The injured worker stated the pain was worse with prolonged standing, walking or any kind of lifting. The physical exam noted the injured worker ambulated without any assistance. There was no documentation of a physical assessment of the left upper extremity or left elbow. The treatment plan included left elbow manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Manipulation, quantity 1: 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 Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Manipulation under anesthesia (MUA).

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for injuries including a left elbow fracture treated with closed reduction. When seen, he had complaints including elbow stiffness. Carpal tunnel surgery was being planned. An MRI of the elbow in March 2015 had included findings of tendinosis and multiple bone fragments near the olecranon. Physical examination findings were limited due to guarding and muscle contractions. Authorization for manipulation and examination of the elbow under anesthesia while undergoing the carpal tunnel procedure was requested. Manipulation under anesthesia (MUA) is not recommended as a treatment. However, in this case, it is being requested primarily as a diagnostic measure. The claimant has findings by MRI that might explain her symptoms due to range of motion with bone block. Alternatively, she may have muscle contractions due to pain. This would be best evaluated through the requested manipulation under anesthesia, which would be expected to allow an appropriate examination of the elbow joint. Therefore, this request should be considered medically necessary.