MAXIMUS Federal Services

Case Number:	CM13-0048675		
Date Assigned:	03/03/2014	Date of Injury:	09/01/2012
Decision Date:	09/25/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/06/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 was reportedly injured on 09/01/2012. The mechanism of injury was not listed in the records reviewed. The examination dated 09/26/2013 has the injured worker using a brace with decreased range of motion and increased pain. Full extension, flexion, supination and pronation revealed. The diagnosis is radial head fracture of the right elbow. Surgical repair was performed with partial healing only, and subsequently radial head arthroplasty was performed. There are no imaging studies provided. A request was made for right elbow anterior capsule release; Pre-operation and post-operation physical therapy twelve sessions and was not certified in the pre-authorization process on 10/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

R elbow anterior capsule release: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Arthroscopic Management of the Stiff Elbow Jay D. Keener and Leesa M. Galatz J Am Acad Orthop Surg May 2011 ; 19:265-274. 2. Posttraumatic Elbow Stiffness: Evaluation and Management

Roderick J. Bruno, Michael L. Lee, Robert J. Strauch, and Melvin P. Rosenwasser J Am Acad Orthop Surg March/April 2002; 10:106-116.

Decision rationale: Neither MTUS nor ODG address this situation. The claimant has residual elbow stiffness with diminished range of motion despite appropriate physical therapy and bracing. The referenced articles provide good evidence for capsular release surgery to improve elbow range of motion in cases such as this. The request is medically necessary.

PRE-op, post- op pt 12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: MTUS allows for physical therapy sessions following elbow surgery for "arthropathy, unspecified" of 24 visits over 8 weeks with an initial course of one-half that number of visits. Thus, the requested therapy should be approved. The request is medically necessary.