

<b>Case Number:</b>	CM14-0132406		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 and is licensed to practice in California. 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:

This 68-year-old male custodian sustained an industrial injury on 4/7/14. Injury occurred when a trash can lid hit his left elbow. Conservative treatment included physical therapy, bracing, activity modification, and medications. Past medical history was positive for diabetes and hypertension. The 5/19/14 left elbow CT scan impression documented calcifications within the cutaneous and subcutaneous tissues superficial to the olecranon, likely the sequelae of chronic olecranon bursitis with no fluid at this time. There were calcifications adjacent to the lateral epicondyle likely the sequelae of lateral epicondylitis and unchanged from prior imaging on 3/1/10. There were degenerative changes involving the radial head and radial humeral articulation, unchanged from prior imaging on 3/1/10. The 6/9/14 physical therapy chart note indicated the patient completed 6 visits to date with residual soreness but improvement overall. The treatment response was documented as good with 2 additional visits planned. The 7/23/14 treating physician report cited grade 10/10 left elbow pain localized in the medial and lateral aspect of the elbow with activity and at rest. Physical exam findings documented full left elbow range of motion with no crepitus, negative cubital tunnel syndrome provocative testing, and no ulnar nerve instability at the elbow. There was no tenderness over the lateral or medial epicondyles or biceps tendon. There was no pain with resisted wrist or middle finger extension. There was no discomfort with resisted wrist flexion. There was no ligamentous instability to varus/valgus stressing of the elbow. Provocative testing for medial nerve entrapment was negative. The diagnosis was left elbow calcific olecranon bursitis and heterotopic ossification status post contusion and left elbow osteoarthritis. A corticosteroid injection was provided to the left elbow. The treatment plan recommended excision of the left elbow olecranon bursa, calcifications and heterotopic ossification. The patient remained on modified duty. The 8/8/14 utilization review denied the request for left elbow surgery and associated pre-operative testing

as there was limited indication that the patient had failed all appropriate conservative treatment measures.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Excision of left elbow olecranon bursa, calcification's and herotopic ossification Qty# 1:**  
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): 39.

**Decision rationale:** The California MTUS guidelines state that aseptic olecranon bursitis generally resolves without the need for surgery. Quality studies are not available on surgical treatment for aseptic olecranon bursitis and there is no evidence of its benefits. 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. There is no detailed documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Records indicate that physical therapy was resulting in improvement and response to the recent corticosteroid injection was not documented. There are no imaging findings documented that support the medical necessity of surgical intervention. Therefore, this request is not medically necessary.

**Pr-operative labs: CBC, CMP, PT, PTT Qty# 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**EKG Qty# 1:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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