

Case Number:	CM14-0144003		
Date Assigned:	09/12/2014	Date of Injury:	07/21/2014
Decision Date:	10/10/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/05/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 7/21/14. He was seen by his primary treating physician on 8/11/14 and he noted he was unchanged from the prior clinical visit with stable symptoms. He had 4/10 pain and the symptoms were alleviated with a sling. His physical exam shows decreased swelling of the left elbow but with 'continued swelling with bursitis'. He was very tender to end range of motion and direct pressure. His diagnoses were elbow pain and olecranon bursitis. The plan was to continue clinical observation and assessment and to wear the sling and no use of the left arm. At issue in this review is the request for excision of bursa of the left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXCISION OF BURSA OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: This injured worker was denied a request for a excision of bursa of the left elbow. There are no red flag symptoms or signs which would be indications for immediate referral or surgery and his symptoms are documented as stable. Aseptic (uninfected) olecranon bursitis generally resolves without the need for surgery. Surgical options for this problem are high cost, invasive, and may have more side effects for this condition than continued conservative care. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of Excision Of Bursa Of The Left Elbow.